

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2008

OF THE CONDITION AND AFFAIRS OF THE

HumanaDental Insurance Company

(Current Period)	_ , 0119 NAIC Compan (Prior Period)	y Code 70580 Employ	yer's ID Number 39-0/14280
Organized under the Laws of	Wisconsin	, State of Domicile or Port of En	ntry Wisconsin
Country of Domicile		United States	
Incorporated/Organized	01/01/1908 Co	ommenced Business	10/12/1908
Statutory Home Office	1100 Employers Boulevard		DePere. WI 54115
	(Street and Number)	, ,	or Town, State and Zip Code)
Main Administrative Office	1100 Employers Boulevard	DePere, WI 54115	920-336-1100
	(Street and Number)	(City or Town, State and Zip Cod	, , , , , , ,
Mail Address	PO Box 740036 eet and Number or P.O. Box)		le, KY 40201-7436 own, State and Zip Code)
Primary Location of Books and Record	· · · · · · · · · · · · · · · · · · ·	DePere, WI 5411	
Timary Essation of Besite and Reserv	(Street and Number)	(City or Town, State and Zip	
Internet Website Address		www.humana.com	
Statutory Statement Contact	Cathy Staebler		502-580-2712
	(Name)		le) (Telephone Number) (Extension)
cstaebler@hun			80-2099
(E-mail Add	, ,	· ·	Number)
	OFFIC		
Name	Title	Name	Title
Gerald Lawrence Ganoni ,	President Transport	Joan Olliges Lenahan	, Vice President and Secretary
, James Harry Bloem,	Sr. VP, CFO & Treasurer	Frank Murray Amrine	,Appointed Actuary
	OTHER O	FFICERS	
George Grant Bauernfeind ,	Vice President	John Gregory Catron	, Vice President
Jonathan Thomas Lord M.D. ,	Sr. Vice President	John Edward Lumpkins #	, Vice President
Mark Matthew Matzke ,	Chief Operating Officer	Kathleen Stephenson Pellegrino	
Gilbert Alan Stewart #	Vice President Vice President	William Joseph Tait	, Vice President
Gary Dean Thompson ,			
	DIRECTORS O	R TRUSTEES	
James Harry Bloem	Jonathan Thomas Lord M.D.	Michael Benedict McCallister	James Elmer Murray
State ofKentucky			
County ofJefferson	ss		
County of			
above, all of the herein described assets were this statement, together with related exhibits, of the condition and affairs of the said report completed in accordance with the NAIC Annuthat state rules or regulations require different respectively. Furthermore, the scope of this accordance with the scope of this accordance with the scope of this accordance.	e the absolute property of the said reporting schedules and explanations therein contain ing entity as of the reporting period stated a ual Statement Instructions and Accounting Prices in reporting not related to accounting prattestation by the described officers also incl	entity, free and clear from any liens or cled, annexed or referred to is a full and trabove, and of its income and deductions ractices and Procedures Manual except to actices and procedures, according to the ludes the related corresponding electronic	g entity, and that on the reporting period stated laims thereon, except as herein stated, and that ue statement of all the assets and liabilities and therefrom for the period ended, and have been o the extent that: (1) state law may differ; or, (2) best of their information, knowledge and belief, c filing with the NAIC, when required, that is an sted by various regulators in lieu of or in addition
Gerald Lawrence Ganoni President		es Lenahan t and Secretary a. Is this an original	James Harry Bloem Sr. VP, CFO & Treasurer
Subscribed and sworn to before me this		b. If no,	
	uary, 2009	b. if no, 1. State the ame	endment number
		2. Date filed	
Marie Occasional Nation 5 111		3. Number of pag	ges attached
Myra Carpenter, Notary Public August 9, 2009			

ASSETS

			Current Year		Prior Year
		1	2	3	4
		Acceta	Nonadmitted Assets	Net Admitted Assets	
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Assets
1.	Bonds (Schedule D)	/3,443,745		73,443,745	//,1/1,885
2.	Stocks (Schedule D):				
	2.1 Preferred stocks	349,160		349,160	725,000
	2.2 Common stocks	2,655,502		2,655,502	0
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens			0	0
	3.2 Other than first liens				0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less				
	\$encumbrances)			0	0
	4.2 Properties held for the production of income				
	(less \$encumbrances)			0	0
	4.3 Properties held for sale (less			***************************************	
	·				0
	\$encumbrances)			JU	0
5.	Cash (\$(1,425,090) , Schedule E - Part 1), cash equivalents				
	(\$8,999,985 , Schedule E - Part 2) and short-term				1
	investments (\$5,997,392 , Schedule DA)	13.572 287		13.572 287	16.088 069
		10,072,207		0	0
	Contract loans (including \$premium notes)		0	_	
	Other invested assets (Schedule BA)		0	0	0
8.	Receivables for securities			0	0
	Aggregate write-ins for invested assets		0	0	0
10.	Subtotals, cash and invested assets (Lines 1 to 9)	90,020,694	0	90,020,694	93,984,954
	Title plants less \$				
	only)			0	0
12	Investment income due and accrued				
		000,030		000,030	002,333
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of				
	collection	1,721,177	70,688	1,650,489	1,415,830
	13.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
				0	0
	but unbilled premium)				J
	13.3 Accrued retrospective premiums.			U	
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers			0	0
	14.2 Funds held by or deposited with reinsured companies			0	0
	14.3 Other amounts receivable under reinsurance contracts			0	0
15.	Amounts receivable relating to uninsured plans				133,579
	Current federal and foreign income tax recoverable and interest thereon			0	0
				734 , 165	146.087
	Net deferred tax asset		*	· · · · · · · · · · · · · · · · · · ·	140,007
	Guaranty funds receivable or on deposit			0	I
	Electronic data processing equipment and software	148,445	41,068	107,377	114,887
19.	Furniture and equipment, including health care delivery assets				1
	(\$)	800,340	800,340	0	0
20.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
	Receivables from parent, subsidiaries and affiliates			119,881	0
	Health care (\$			208,277	12,587
					12,007
	Aggregate write-ins for other than invested assets	1,3/4,835	1,374,835	0	I
24.	Total assets excluding Separate Accounts, Segregated Accounts and				1
	Protected Cell Accounts (Lines 10 to 23)	96,883,402	2,974,371	93,909,031	96,610,859
25.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts			0	0
26.	Total (Lines 24 and 25)	96,883,402	2,974,371	93,909,031	96,610,859
	DETAILS OF WRITE-INS	,,	,,	,,	,,
0004					1
0902.					
					ļ
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
	Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	0	0	0	0
	Prepaid Assets	1 374 835	1,374,835	0	n
	·		1,017,000		Ī
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page			0	0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	1,374,835	1,374,835	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	LIABILITIES, SURFEUS AND OTTICK I	1	2
1	Aggregate reserve for life contracts \$	Current Year	Prior Year
	\$ included in Line 6.3 (including \$ Modco Reserve)	0	0
2.	Aggregate reserve for accident and health contracts (Exhibit 6, Line 17, Col. 1)(including \$	225 000	166 700
3.	Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$	0	0
	Contract claims:		0
	4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11)	15.656.544	
5.	Policyholders' dividends \$ and coupons \$ due and unpaid (Exhibit 4		
6	Line 10) Provision for policyholders' dividends and coupons payable in following calendar year—estimated amounts:	0	0
	6.1 Dividends apportioned for payment (including \$		0
	6.2 Dividends not yet apportioned (including \$ Modco)		0
7	6.3 Coupons and similar benefits (including \$		
	Premiums and annuity considerations for life and accident and health contracts received in advance less		0
	\$5,529,333 accident and health premiums (Exhibit 1,	5 500 000	7 007 004
9	Part 1, Col. 1, sum of Lines 4 and 14)	5 , 529 , 333	
	9.1 Surrender values on canceled contracts		0
	9.2 Provision for experience rating refunds, including \$accident and health experience rating		0
	refunds	0	0
	9.4 Interest Maintenance Reserve (IMR, Line 6)		
10.	Commissions to agents due or accrued-life and annuity contracts \$ accident and health \$2,949,632 and deposit-type contract funds \$	2 040 632	2 ሀዕላ ላልላ
11.	Commissions and expense allowances payable on reinsurance assumed		0
12.	General expenses due or accrued (Exhibit 2, Line 12, Col. 6)	4,016,365	3,837,191
13.	Transfers to Separate Accounts due or accrued (net) (including \$		0
	Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 5)	746,030	890,413
	1 Current federal and foreign income taxes, including \$		
	2 Net deferred tax liability		
17.	Amounts withheld or retained by company as agent or trustee	43,394	36,228
	Amounts held for agents' account, including \$ agents' credit balances		
	Net adjustment in assets and liabilities due to foreign exchange rates		
	Liability for benefits for employees and agents if not included above		
	Borrowed money \$ and interest thereon \$ Dividends to stockholders declared and unpaid		
	Miscellaneous liabilities:		
	24.1 Asset valuation reserve (AVR, Line 16, Col. 7) 24.2 Reinsurance in unauthorized companies	69,043	210,390
	24.3 Funds held under reinsurance treaties with unauthorized reinsurers		0
	24.4 Payable to parent, subsidiaries and affiliates		
	24.5 Drafts outstanding	403 289	
	24.7 Funds held under coinsurance		0
	24.9 Payable for securities		0
25.	24.9 Capital notes \$and interest thereon \$ Aggregate write-ins for liabilities	30,668	597,784
	Total liabilities excluding Separate Accounts business (Lines 1 to 25)	30,119,319	30,980,747
	From Separate Accounts statement		0
	Total liabilities (Lines 26 and 27)		30,980,747
30.	Preferred capital stock		0
	Aggregate write-ins for other than special surplus funds		0
33.	Surplus notes	15,000,000	15,000,000
34.	Aggregate write-ins for special surplus funds	0	٥
	Unassigned funds (surplus)		
]	36.1shares common (value included in Line 29 \$		0
0.7	36.2shares preferred (value included in Line 30 \$		0
	Surplus (Total Lines 31+32+33+34+35-36) (including \$ in Separate Accounts Statement)	61,189,712 63,789,712	63,030,112 65,630,112
	Totals of Lines 28 and 38 (Page 2, Line 26, Col. 3)	93,909,031	96,610,859
0501	DETAILS OF WRITE-INS Converting Londing Poughts	00.700	
	Securities Lending Payable		0
2503.	Unclaimed Property	0	597,784
	Summary of remaining write-ins for Line 25 from overflow page	0 30,668	0 597,784
	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)		397,784
3102.			
3103.	Summary of remaining write-ins for Line 31 from overflow page		0
	Totals (Lines 3101 through 3103 plus 3198)(Line 31 above)	0	0
3401.			-
3402. 3403.			
	Summary of remaining write-ins for Line 34 from overflow page		0
	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0

SUMMARY OF OPERATIONS

		1 Current Year	2 Prior Year
1.	Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11)		301.725.155
2.	Considerations for supplementary contracts with life contingencies		0
3.	Net investment income (Exhibit of Net Investment Income, Line 17)	3,960,341	3,957,026
4. /	Amortization of Interest Maintenance Reserve (IMR, Line 5)	95,053	37,542
6	Separate Accounts net gain from operations excluding unrealized gains or losses Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)	0	0
7.	Reserve adjustments on reinsurance ceded		0
8.	Miscellaneous Income:		
	8.1 Income from fees associated with investment management, administration and contract guarantees from Separate		0
	Accounts		
	8.3 Aggregate write-ins for miscellaneous income	141 524	119 192
	Totals (Lines 1 to 8.3)	300,624,637	305,838,915
10.	Death benefits		
11.	Matured endowments (excluding guaranteed annual pure endowments)	0	0
13	Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8) Disability benefits and benefits under accident and health contracts	198 822 132	205 946 583
	Coupons, guaranteed annual pure endowments and similar benefits		
15.	Surrender benefits and withdrawals for life contracts		0
	Group conversions		
	Interest and adjustments on contract or deposit-type contract funds Payments on supplementary contracts with life contingencies		
19.	Increase in aggregate reserves for life and accident and health contracts		900
20.	Totals (Lines 10 to 19)	198,822,132	205,947,483
	Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) (Exhibit 1, Part 2.		
22	Line 31, Col. 1)		
23	General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4)	28.240 578	30.543 739
24.	Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3)	8,616,094	8,678,970
25.	Increase in loading on deferred and uncollected premiums		0
	Net transfers to or (from) Separate Accounts net of reinsurance	Λ	0
	Aggregate write-ins for deductions	262,417,581	272,578,308
29	Totals (Lines 20 to 27)		
30.	Dividends to policyholders		0
31.	Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	38 , 207 , 056	33,260,607
32.	Federal and foreign income taxes incurred (excluding tax on capital gains)	14,468,751	10,758,902
33.	Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	22 720 205	22,501,705
34	Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR)	23,730,303	22,501,705
01.	less capital gains tax of \$(577,592) (excluding taxes of \$218,821 transferred to the IMR)	(1,072,669)	(12,924)
35.	Net income (Line 33 plus Line 34)	22,665,636	22,488,781
00	CAPITAL AND SURPLUS ACCOUNT	CE C20 440	C2 000 7 00
	Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)	65,630,112 22,665,636	63,899,790 22,488,781
	Change in net unrealized capital gains (losses) less capital gains tax of\$	22,000,000	22,400,701
39.	Change in net unrealized foreign exchange capital gain (loss)		0
40.	Change in net deferred income tax	1,233,954	(535,954)
41.	Change in nonadmitted assets		(166,362)
42.	Change in liability for reinsurance in unauthorized companies	0	0
44.	Change in asset valuation reserve	141,347	(56, 143)
45.	Change in treasury stock (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1)	0	0
46.	Surplus (contributed to) withdrawn from Separate Accounts during period	Λ	U
47.	Change in surplus in Separate Accounts statement.	0	0
	Cumulative effect of changes in accounting principles		
	Capital changes:		^
	50.1 Paid in		
	50.2 Transferred from surplus (Stock Dividend)		0
51.	Surplus adjustment:		
	51.1 Paid in		
	51.2 Transferred to capital (Stock Dividend)		
	51.3 Transferred from capital		
52.	Dividends to stockholders	(25,000,000)	(20,000,000)
53.	Aggregate write-ins for gains and losses in surplus	0	0
	Net change in capital and surplus for the year (Lines 37 through 53)	(1,840,400) 63,789,712	
55. (Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38) DETAILS OF WRITE-INS	US,189,112	65,630,112
08.301.	Access Fees.	114.000	114.000
08.302.	Miscellaneous Income.	27 , 524	
	Summary of remaining write-ins for Line 8.3 from overflow page	141,524	0
2701.	Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	· · · · · · · · · · · · · · · · · · ·	
2701.			
2703.			
2798.	Summary of remaining write-ins for Line 27 from overflow page		
2799. 5301.	Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)	0	0
5301.			
5303.			
5398.	Summary of remaining write-ins for Line 53 from overflow page	0	
5399.	Totals (Lines 5301 through 5303 plus 5398) (Line 53 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations	Garrent Four	1 1101 1 001
Premiums collected net of reinsurance	294,019,746	307 , 524 , 0
Net investment income		
3. Miscellaneous income		119,1
4. Total (Lines 1 through 3)		312,158,1
Benefit and loss related payments		207,695,8
Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
Commissions, expenses paid and aggregate write-ins for deductions		66,520,3
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$(577,592) tax on capital gains (losses).		10,751,9
10. Total (Lines 5 through 9)		284,968,1
11. Net cash from operations (Line 4 minus Line 10)		27,189,9
Cash from Investments	1,11,11	,,
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	81,955,509	34 , 514 ,
12.2 Stocks		
12.3 Mortgage loans	0	
12.4 Real estate		
12.5 Other invested assets	0	
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds	244	
12.8 Total investment proceeds (Lines 12.1 to 12.7)		34,515,8
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	31,899,6
13.2 Stocks		
13.3 Mortgage loans	73,343,246	
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications	_	
13.7 Total investments acquired (Lines 13.1 to 13.6)	152,338,390	31,899,6
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		2,616.
Cash from Financing and Miscellaneous Sources	,	, ,
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	
16.5 Dividends to stockholders	25,000,000	20,000,0
16.6 Other cash provided (applied).		2,256,4
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	/	(17,743,5
RECONCILIATION OF CASH. CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(2,515,782)	12,062,5
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	16,088,069	4,025,5
19.2 End of year (Line 18 plus Line 19.1)	13,572,287	16,088,0

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

Premiums and annuity considerations for life and accident and health contracts Considerations for supplementary contracts with life contingencies Net investment income Amortization of Interest Maintenance Reserve (IMR) Separate Accounts net gain from operations excluding unrealized gains or losses Commissions and expense allowances on reinsurance ceded	Total 296,427,719 	Industrial Life	3 Life Insurance	Ordinary 4 Individual Annuities	5 Supplementary Contracts	Credit Life (Group	7 Life Insurance	oup 8	9	Accident and Health 10 Credit (Group and	11	12 Aggregate of All Other Lines of
Considerations for supplementary contracts with life contingencies	296 , 427 , 719 0 3 , 960 , 341	0	0	marvidual Amiditics		and Individual)	(a)	Annuities	Group	Individual)	Other	Business
Considerations for supplementary contracts with life contingencies	0 3,960,341			0	Contracto	n and marvidual)	(u)) amatico	280.983.073	Λ	15.444.646	Buomicoo
Net investment income								0	200,300,070			
Amortization of Interest Maintenance Reserve (IMR) Separate Accounts net gain from operations excluding unrealized gains or losses									3.753.997		206.344	
5. Separate Accounts net gain from operations excluding unrealized gains or losses	0							†	90.100		4.953	
								†			4,300	
		Λ	Λ	Λ		Λ	Λ	Λ	0	0	Λ	
	0	0	0	0		0	0	0	0		0	
Reserve adjustments on reinsurance ceded Miscellaneous Income:	0											
Miscellaneous income: 8.1 Fees associated with income from investment management, administration and contract quarantees from Separate Accounts	0											
8.2 Charges and fees for deposit-type contracts	0							†		· · · · · · · · · · · · · · · · · · ·		
	141.524	Λ	Λ		Λ	Λ	Λ	Λ	140.090		1 434	
8.3 Aggregate write-ins for miscellaneous income		0	U	U	U	0	0	0	,	0	1,101	
9. Totals (Lines 1 to 8.3)	300,624,637	0	0	0	0	0	0	0	284,967,260	0	15,657,376	
10. Death benefits	0											
11. Matured endowments (excluding guaranteed annual pure endowments)	0	0	0				0					1
12. Annuity benefits	0			0				0				
Disability benefits and benefits under accident and health contracts	198,822,132								191,449,199	0	7 , 372 , 933	
14. Coupons, guaranteed annual pure endowments and similar benefits	0											
15. Surrender benefits and withdrawals for life contracts	0											
16. Group conversions	0							l		1		1
17. Interest and adjustments on contract or deposit-type contract funds	0											
18. Payments on supplementary contracts with life contingencies	0											
Increase in aggregate reserves for life and accident and health contracts	0											
20. Totals (Lines 10 to 19)	198.822.132	Λ	0	۸	Λ	۸	Λ	Λ	191.449.199	0	7.372.933	
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct												
business only)	26,738,778	0	0	0		0	0	0	25.493.769	0	1.245.009	
22. Commissions and expense allowances on reinsurance assumed	20,730,770	0 N	o	0 N		o		0 N	23,433,703			
23. General insurance expenses	28,240,577	0		0		0	0		25.686.406		2.554.171	
24. Insurance taxes, licenses and fees, excluding federal income taxes								†	8, 167, 173		448,921	
	0,010,034										440 , 32 1	
25. Increase in loading on deferred and uncollected premiums	0 N							•				
26. Net transfers to or (from) Separate Accounts net of reinsurance	0	Λ	Λ		Λ	Λ	Λ	Λ	0		Λ	
27. Aggregate write-ins for deductions	000 447 504	0	U	U	U	0	0	0	050 700 547	0	11 001 001	
28. Totals (Lines 20 to 27)	262,417,581	0	0	0	0	0	0	0	250,796,547	0	11,621,034	
29. Net gain from operations before dividends to policyholders and federal income taxes												
(Line 9 minus Line 28)	38 , 207 , 055	0	0	0	0	0	0	0	34, 170, 713	0	4,036,342	
30. Dividends to policyholders	. 0								0	0	0	
Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	38,207,055	0	0	0	0	0	0	0	34,170,713	0	4,036,342	
32. Federal income taxes incurred (excluding tax on capital gains)	14,468,751								12,940,216		1,528,535	
33. Net gain from operations after dividends to policyholders and federal income taxes and												
before realized capital gains or (losses) (Line 31 minus Line 32)	23,738,304	0	0	0	0	0	0	0	21,230,497	0	2,507,807	
DETAILS OF WRITE-INS 3.301. Access Fees	114,000								114.000		, ,	
3.302. Miscellaneous	27,524							†	26.090		1.434	
3.303.									20,030			
3.398. Summary of remaining write-ins for Line 8.3 from overflow page	Λ	Λ	^	0	^	^	Λ	^	Λ	^	Λ	İ
3.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	141.524	0	0	0	0	0	0	0	140.090		1 434	
	141,524	U	U	U	U	U	U	U	140,090	U	1,434	
2701.												
2702.	ļ	 	 	 	 	 		 	 	·}		{
2703	ļ				ļ							4
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0	0	0	0	0	0	0	0	0	0	
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above) Includes the following amounts for FEGLI/SGLI: Line 1 Line	0	0	0	0	0	0	0	0	0	0	0	1

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1 1	2		Ordinary		6	Gro	nun
	'	2	3	4	5	Ĭ	7	8
					Supplementary	Credit Life		
	Total	Industrial Life	Life Insurance	Individual Annuities	Contracts	(Group and Individual)	Life Insurance	Annuities
Involving Life or Disability Contingencies (Reserves)								
(Net of Reinsurance Ceded)								
Reserve December 31, prior year	0	0	0	0	0	0	0	0
Tabular net premiums or considerations	0							
Present value of disability claims incurred					xxx			
Tabular interest		ON						
Tabular less actual reserve released	0							
Increase in reserve on account of change in valuation basis	0							
7. Other increases (net)	. 0							
8. Totals (Lines 1 to 7)	0	0	0	0	0	0	0	0
9. Tabular cost	0				xxx			
10. Reserves released by death	0			xxx	xxx			xxx
11. Reserves released by other terminations (net)	0							
12. Annuity, supplementary contract, and disability payments involving life contingencies	0							
13. Net transfers to or (from) Separate Accounts	0							
14. Total deductions (Lines 9 to 13)	0	0	0	0	0	0	0	0
15. Reserve December 31, current year	0	0	0	0	0	0	0	0

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected	Earned
		During Year	During Year
1.	II.S. Covernment hands		767,518
1.1	U.S. Government bonds Bonds exempt from U.S. tax		826,397
1.2	Other bonds (unaffiliated)	(a)	1,886,662
1.3			
2.1	Bonds of affiliates		31.742
	Preferred stocks (unaffiliated)		,
2.11		(b)	52.282
2.2	Common stocks (unaffiliated)		, ,
2.21	Common stocks of affiliates		
3.	Mortgage loans		
4.	Real estate	` '	
5.	Contract loans.		
6.	Cash, cash equivalents and short-term investments		297,338
7.	Derivative instruments		
8.	Other invested assets		
9.	Aggregate write-ins for investment income		130,928
10.	Total gross investment income	4,115,163	
11.	Investment expenses		. (g)15,360
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)17,166
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		32,526
17.	Net investment income (Line 10 minus Line 16)		3,960,341
	DETAILS OF WRITE-INS		
0901.	Securities Lending Income	133,527	133,527
0902.	Miscellaneous Investment Income_	(2,599)	(2,599)
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		0
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)	130.928	
			,
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503) plus 1598 (Line 15, above)		U
(=\ l==l	25 100	106 254	Participation of the same
(a) incl	udes \$35,198 accrual of discount less \$394,271 amortization of premium and less \$	400,304 paid for accrued	ı ınterest on purchases.
(b) Incl	udes \$anortization of premium and less \$	paid for accrued	dividends on purchases.
	udes \$		interest on purchases.
	udes \$for company's occupancy of its own buildings; and excludes \$ interes		Paternal and a selection
	udes \$	paid for accrued	ı ınterest on purcnases.
	udes \$accrual of discount less \$amortization of premium.		
	udes \$	luding rederal income taxes	attributable to
	regated and Separate Accounts.		
	udes \$	-	
(I) INCII	udes \$ depreciation on real estate and \$ depreciation on other invested asset	ıs.	

EXHIBIT OF CAPITAL GAINS (LOSSES)

		O . O		_ ,	,	
		1 Realized	2	3	4	5.
		Gain (Loss) On Sales or	Other Realized		Change in Unrealized	Change in Unrealized Foreign Exchange
		Maturity	Adjustments	(Columns 1 + 2)	Capital Gain (Loss)	Capital Gain (Loss)
1.	U.S. Government bonds Bonds exempt from U.S. tax	20,942		20,942		
1.1	Bonds exempt from U.S. tax	553,640	(134, 498)	419,142		
1.2	Other bonds (unaffiliated)	38.364	(887.150)	(848.786)		
1.3	Ronds of affiliatos	0	Λ	0	0	0
2.1	Preferred stocks (unaffiliated)	0	(375,840)	(375,840)	0	0
2.11	Preferred stocks (unaffiliated) Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unattiliated)	()	()	()	()	0
2.21	Common stocks of affiliates Mortgage loans	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0		0
5.	Contract loans			0		
6.	Contract loans	244		244		
7.	Derivative instruments			I ()		
8.	Other invested assets	0	0	0	0	0
9.	Other invested assets Aggregate write-ins for capital gains (losses)	(459,583)	0	(459,583)	0	0
10.	Total capital gains (losses)	153,607	(1,397,488)	(1,243,881)	0	0
	DETAILS OF WRITE-INS					
0901.	Securities Lending Impairment	(459.583)		(459.583)		
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from					
	overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 9,					
	above)	(459,583)	0	(459,583)	0	0

EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH POLICIES AND CONTRACTS

	, ,					E AND ACCIL					
	1	2		inary	5		oup _	 	Accident and Health	40	11
	Total	Industrial Life	3 Life Insurance	4 Individual Annuities	Credit Life (Group and Individual)	6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)	10 Other	Aggregate of All Othe
FIRST YEAR (other than single)	Total	industrial Life	Life insurance	individual Amunics	and marvidual)	Life insurance	Ailluitics	Group	iliaividuai)	Otrici	Lines of Dusiness
Uncollected	0										
Deferred and accrued	0										
Deferred , accrued and uncollected:											
3.1 Direct	0										
3.2 Reinsurance assumed	0										
3.3 Reinsurance ceded	0										
3.4 Net (Line 1 + Line 2)	0	0	n	0	0	n	0	0	n	0	
4. Advance	0	0	0	0	0	0	0	0	0	0	
5. Line 3.4 - Line 4	0	0	0	n	0	n	0	0	0	0	
Collected during year:											
6.1 Direct	0										
6.2 Reinsurance assumed	0										***************************************
6.3 Reinsurance ceded	0					1	1	1		1	†
6.4 Net	۰	۸	n	n	n	n	n	n	n	n	İ
7. Line 5 + Line 6.4	Λ		ν	ν	n		n	, n	n	n	
Prior year (uncollected + deferred and accrued -	μ				I		I		l	J	
advance)	^	0	n	_	^		0	1	0	1	
9. First year premiums and considerations:	Г	ע		L	l	ļ	L	L	l	l	
9.1 Direct		0	0			0	0				
9.1 Direct			L	ū	L	D	D	D	D	D	
		Ω	Ω	μ		Ψ	0	D			
9.3 Reinsurance ceded	D		Ω		0	μ	0	0	D	L	
9.4 Net (Line 7 - Line 8)							Ω	0			
SINGLE											
Single premiums and considerations:											
10.1 Direct											
10.2 Reinsurance assumed	0										
10.3 Reinsurance ceded	0										
10.4 Net	0		0	0	0	0	0	0	0	0	
RENEWAL											
11. Uncollected	1,721,177			1		1		1,721,177			
12. Deferred and accrued	0										
Deferred, accrued and uncollected:											
13.1 Direct	1,721,177							1,721,177			
13.2 Reinsurance assumed											
13.3 Reinsurance ceded	0					<u> </u>		<u> </u>			
13.4 Net (Line 11 + Line 12)	1 ,721 ,177	0	Ω	Ω	٥	Ω	Ω	1,721,177		0	
14. Advance		0	٥	0	0	۵	0	5,529,333	0	0	
15. Line 13.4 - Line 14	(3,808,156)	0	٥	0	0	٥	0	(3,808,156)	0	0	
16. Collected during year:	[Ī		ĺ	, , , ,			
16.1 Direct	303,532,721		6,959,002	2,507,710		I	L	278,575,100		15,490,909	
16.2 Reinsurance assumed			
16.3 Reinsurance ceded	9,512,975		6,959,002	2,507,710		1	L	1	<u> </u>		
16.4 Net	294,019,746	Ω	٥		0	٥	0	278,575,100	٥	15,444,646	
17. Line 15 + Line 16.4	290,211,590	0		0	0	L	0	274,766,944	0	15,444,646	
18. Prior year (uncollected + deferred and accrued -		-						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
advance)	(6,216,129)	n	n	n	n	n	n	(6,216,129)	n	n	
Renewal premiums and considerations:	(0,2.0,120)			Ī		Ī	[(0,210,120)			
19.1 Direct	305,940,694	n	6,959,002	2,507,710	n	n	n	280,983,073	n	15,490,909	
19.2 Reinsurance assumed	0	n	n	1007,710	n	n	0	200,000,070	0	10,450,505	
19.3 Reinsurance ceded	9.512.975	ת	6.959.002	2,507,710	n	n	n	۸	n	46 . 263	
19.4 Net (Line 17 - Line 18)	296,427,719	n .	, 555,002 A		n	n	n	280,983,073	n	15.444.646	
TOTAL	200,721,110	· ·	0	•	, , , , , , , , , , , , , , , , , , ,	0	,	200,000,010	·	10,744,040	
20. Total premiums and annuity considerations:							1				
20. Total premiums and annuity considerations. 20.1 Direct	.305,940,694	0	6.959.002	2,507,710	^		0	280,983,073	0	15,490,909	
20.1 Direct 20.2 Reinsurance assumed			U, ซบซ , UUZ			ν			,	10,490,909	
20.2 Reinsurance assumed	9,512,975		6,959,002	2,507,710			D				
20.3 Reinsurance ceded	296,427,719	ן ע	200, 909, 0					لا۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔		15, 444, 646	
20.4 Net (LINES 9.4 + 10.4 + 19.4)	290,427,719	0	0	U	0	U	0	280,983,073	0	15,444,646	

EXHIBIT 1 - PART 2 - DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (Direct Business Only)

	•								/ S		
	-	2	Drd	Ordinary	2	Group	dn		Accident and Health		11
			ε	4	Credit I ife	9	2	8	9 Credit	10	Addregate of All Other
	Total	Industrial Life	Life Insurance	Individual Annuities	(Group and Individual)	Life Insurance	Annuities	Group	(Group and Individual)	Other	Lines of Business
DIVIDENDS AND COUPONS APPLIED (included in Part 1)											
21. To pay renewal premiums	0										
REINSURANCE COMMISSIONS AND	Ü										
23. First year (other than single):											
	0										
23.2 Reinsurance assumed	0										
23.3 Net ceded less assumed	0	0	0	0	0	0	0	0	0	0	0
24. Single:											
24.1 Reinsurance ceded	0										
24.2 Reinsurance assumed	0										
24.3 Net ceded less assumed	0	0	0	0	0	0	0	0	0	0	0
25. Renewal:											
25.1 Reinsurance ceded	0										
25.2 Reinsurance assumed	0										
25.3 Net ceded less assumed	0	0	0	0	0	0	0	0	0	0	0
26. Totals:											
26.1 Reinsurance ceded (Page 6, Inp. 6)	0	O	O	C	0	O	O	C	C	O	C
26.2 Reinsurance assumed (Page 6. Line 22)	0	0	0	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed	0	0	0	0	0	0	0	0	0	0	C
COMMISSIONS INCURRED (direct business only)											
	0										
	0 022 002 30							002 007 30		000	
								75,493,709		1,245,009	
	0										
31. Totals (to agree with Page 6, Line 21)	26,738,778	0	0	0	0	0	0	25,493,769	0	1,245,009	0

EXHIBIT 2 - GENERAL EXPENSES

		•	Insura			5	6
		1	Accident ar		4		
		Life	2 Cost Containment	3 All Other	All Other Lines of Business	Investment	Total
1.	Rent		44,750	2,286,660		1,006	2,332,415
2.	Salaries and wages		313,316	25,099,607		7,040	25,419,964
3.11	Contributions for benefit plans for employees			5,071,226		1,921	5, 158, 645
	2 Contributions for benefit plans for agents			0			0
	Payments to employees under non-funded benefit plans			0			0
	Payments to agents under non-funded benefit plans			0			0
	Other employee welfare			592,908			592.908
	2 Other agent welfare			0			0
	Legal fees and expenses			4.105			4 . 105
	Medical examination fees						,
	Inspection report fees		0	0			0
	Fees of public accountants and consulting actuaries						
	Expense of investigation and settlement of policy claims			0			0
7.J	Traveling expenses						
5.1	Advantising			273,019			
	Advertising					1 . 153	
	Postage, express, telegraph and telephone			231,833			
	Printing and stationery					047	
	Cost or depreciation of furniture and equipment			216,327			226, 187
5.6	Rental of equipment						
	Cost or depreciation of EDP equipment and software			(58, 302)		· ·	18 , 187
6.1				5,649			5,649
	Bureau and association fees			111,646			
	Insurance, except on real estate			287 , 438			287 , 438
	Miscellaneous losses			0			0
6.5	Collection and bank service charges		0	0			
6.6	Sundry general expenses		104,251	1,230,154		2,343	1,336,748
6.7	Group service and administration fees		0	0			0
6.8	Reimbursements by uninsured plans		0	(10,535,223)			(10,535,223
	Agency expense allowance			0			0
7.2	Agents' balances charged off (less \$recovered)		0	0			0
7.3	Agency conferences other than local meetings			0			0
				91,216			91,216
9.2	Investment expenses not included elsewhere			0			۰۰۰۰۰۰۱٫۲۱۵
	Aggregate write-ins for expenses			Λ	Λ	n	٥
10.	General expenses incurred	0	602 567	27 ,557 ,011	0	15,361 (a)	20 255 020
	General expenses incurred General expenses unpaid December 31, prior year		003,307	3.837.191			
12.				4,016,365			4,016,365
13.				138,996			138,996
14.	Amounts receivable relating to uninsured plans, prior year Amounts receivable relating to uninsured plans, current		0	429,074	0	0	429,074
15.	year General expenses paid during year (Lines 10+11-12- 13+14)	0	683,567	27,667,915	0	15,361	28,366,842
	DETAILS OF WRITE-INS	•		1 1	•	15,001	,,
09.301.							
09.302.							
09.303.							
09.398.	Summary of remaining write-ins for Line 9.3 from overflow						
	page	0	0	0	0	0	0
09.399.	Totals (Lines 09.301 through 09.303 + 09.398) (Line 9.3 above)	0	0	0	0	0	0

EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

		, .,	,		
		Insurance		4	5
	1	2	3		
			All Other Lines of		
	Life	Accident and Health	Business	Investment	Total
Real estate taxes				17 , 166	17 , 166
State insurance department licenses and fees		539,218			539,218
State taxes on premiums		4,913,046			4,913,046
Other state taxes, incl. \$					
for employee benefits		1,035,860			1,035,860
U.S. Social Security taxes		1,983,223			1,983,223
All other taxes		144,747			144,747
Taxes, licenses and fees incurred	0		0	17 , 166	
8. Taxes, licenses and fees unpaid December 31, prior year	٥		0	0	
Taxes, licenses and fees unpaid December 31, current year.		746,030			746,030
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9)	0	8,760,477	0	17,166	8,777,643

EXHIBIT 4 - DIVIDENDS OR REFUNDS

		1	2
		Life	Accident and Health
1.	Applied to pay renewal premiums		
2.	Applied to shorten the endowment or premium-paying period		
3.	Applied to provide paid-up additions		
4.	Applied to provide paid-up annuities		
5.	Applied to shorten the endowment or premium-paying period Applied to provide paid-up additions Applied to provide paid-up annuities Total Lines 1 through 4	0	0
7.	Left on deposit		
8.	Aggregate write-ins for dividend or refund options	0	0
9.	Total Lines 5 through 8	0	0
10.	Amount due and unpaid		
11.	Provision for dividends or refunds payable in the following calendar year		
12.	Terminal dividends		
13.	Provision for deferred dividend contracts		
14.	Amount provisionally held for deferred dividend contracts not included in Line 13		
15.	Total Lines 10 through 14	<u>0</u>	0
16.	Total from prior year	0	0
17.	Total dividends or refunds (Lines 9 + 15 - 16)	0	0
	DETAILS OF WRITE-INS		
0801.	DEFINE OF MALE INC		
0802.			
0803.			
0898.	Summary of remaining write-ins for Line 8 from overflow page	0	0
0899.	Totals (Lines 0801 through 0803 + 0898) (Line 8 above)	0	0

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
LIFE INSURANCE: 10001. AMER EXP ANB NL 3% CRF 41 & PRIOR	583,981		583,981		
0002. AMER EXP ANB NL 3.5% CRF 41-47	377,067		377,067		
00004 1941 CSO ANR NI 2 75% CRF 54-60	632 998		632.998		
00005. 1941 CSO (130%) ANB NL 2.5% CRF 41-60. 00006. 1941 CSO (130%) ANB NL 2.75% CRF 54-60. 00007. 1958 CSO ANB NL 2.5% CRF 60-67.	42,936		0		
0007. 1958 CSO ANB NL 2.5% CRF 60-67	4,429,596 21.847		4 , 429 , 596		
0009. 1958 CSO ANB NL 3.5% CRF 66-67. 0010. 1958 CSOANB NL 4% CRF 78-88.	273.746		273.746		
0011. 1958 CSO ANB NL 4.5% CRF 86-88	1,078,111		1,078,111		
0012. 1958 CSO ANB NL 5.5% CRF 81-84	455,330		455,330		
0014. 1958 CSO ANB CRVM 4% CRF 78-88	14 173 537		5,871,182 14 173 537		
0016. 1958 CSO ANB CRVM 5.5%CRF 81-84. 0017. 1958 CET ANB NL 2.5% CRF 60-67.	906,634				
0018. 1958 CET ANB NL 3% CRF 78-86	4 , 183		4 , 183		
0019. 1958 CET ANB NL 4% CRF 78-88 0020. 1958 CET ANB NL 4.5% CRF 86-88	52 843		52.843		
0021. 1958 CET ANB NL 5.5% CRF 61-84. 0022. 1958 CSO ALB NL 2 1/2% CRF 67-72	4,571 2 600 029		4.571		
0023. 1958 CSO ALB NL 3% CRF 67-73	2,028,979				
0024. 1958 CSO ALB NL 3.5% CRF 67-73 0025. 1958 CSO ALB NL 4% CRF 73	783				
0026. 1958 CSO ALB CRVM 2 1/2% CRF 73-78	685,711		685,711		
0028. 1958 CSO ALB CRVM 3.5% CRF 67-73. 0029. 1958 CET ALB NL 2.5% CRF 60-67	408,631		408,631		
0030. 1958 CET ALB NL 3% CRF 78-86	155.560		155.560		
0031. 1958 CET ALB NL 3.5% CRF 67-73 0032. 1980 CSO ANB NL 4.5% CRF 89-93	0		15,386		
0033. 1980 CSO ANB NL 5.5% CRF 82	123 016		123 016		
0035. 1980 CSO ANB CRVM 5.5% CRF 86-92	50,228,892		50 . 228 . 892		
0036. 1980 CET ANB NL 3% CRF	6,092		6,092		
0038. 1980 CET ANB NL 5.5% CRF 86-92	3.903				
199997. Totals (Gross)	94,993,212 94,993,212	0	94,993,212 94,993,212		
199998. Reinsurance ceded 199999. Totals (Net)	94,993,212	0	94,993,212	0	
NNUITIES (excluding supplementary contracts with					
life contingencies): 0001. Deferred 1937 Standard Annuity Table 2.50%	39,584	xxx	39,584	XXX	
0002. Deferred 1937 Standard Annuity Table 3.50%	480,405	XXX	480,405	XXX	
0004. 1971 Individual Annuity Table 6.00%	12.541	XXX	12.541	XXX	
0005. 1971 Individual Annuity Table 7.00%	253,113	XXX	253,113	XXX	
0007. 1983 Individual Annuity Table 6.30%	74,060	XXX	74,060	XXX	
0008. 1983 Individual Annuity Table 6.50%	204 253		420 , 706	XXX	
0010. 1983 Individual Annuity Table 7.50%	170,265	XXX		XXX	
0012. 1983 Individual Annuity Table 8.75%	53,061	XXXXXX	53,061	XXX	
0013. A-1949 Table 3.50%	2,706	XXX XXX	2,706	XXX	
299997. Totals (Gross)	103,667,497	XXX	103,667,497	XXX	
299998. Reinsurance ceded 299999. Totals (Net)	103,667,497	XXX	103,667,497	XXX	
UPPLEMENTARY CONTRACTS WITH LIFE					
CONTINGENCIES: 0001. A-1949 Table 3.50%	5,093		5,093		
0002. 1937 Standard Annuity Table 2.50%	0		0		
0004. 1937 Standard Annuity Table 3.50%	1.600		1.600		
0006. 1971 Individual Annuity Table 7.00%	262 733		262 733		
007. 1971 Hurvidual Alliurty Table 7.50%					
J008. 1983 Individual Annuity Table 3.00%					
JUUS. 1983 Individual Annuity Table 3.00%	47,608		47,608		
1908. 1983 Individual Annuity Table 3.00%					
0008. 1983 Individual Annuity lable 3.00%. 0009. 1983 Individual Annuity Table 5.30%. 0010. 1983 Individual Annuity Table 6.10%. 0011. 1983 Individual Annuity Table 6.25%. 0012. 1983 Individual Annuity Table 6.50%.					
1008. 1983 Individual Annuity Iable 3.00%.			47,608 32,168 132,703 7,632 97,746 1,198,528 30,374		
1008. 1983 Individual Annuity Iable 3.00%.	47,608 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981 47,404		47,608 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981		
1008. 1983 Individual Annuity Iable 3.00%.	47,608 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010		47,608 32,168 32,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010		
1008	47,608 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947		47,608 32,168 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947		
1008. 1983 Individual Annuity Iable 3.00%. 1983 Individual Annuity Table 5.30%. 1009. 1983 Individual Annuity Table 6.10%. 1011. 1983 Individual Annuity Table 6.25%. 1012. 1983 Individual Annuity Table 6.50%. 1013. 1983 Individual Annuity Table 6.60%. 1014. 1983 Individual Annuity Table 7.00%. 1014. 1983 Individual Annuity Table 7.25%. 1016. 1983 Individual Annuity Table 7.25%. 1017. 1983 Individual Annuity Table 7.80%. 1018. 1983 Individual Annuity Table 8.25%. 1019. 1983 Individual Annuity Table 8.25%. 1020. 1983 Individual Annuity Table 8.25%. 1020. 1983 Individual Annuity Table 8.25%. 1020. 1983 Individual Annuity Table 8.75%. 1021. 1983 Individual Annuity Table 8.80%. 10399997. Totals (Gross)	47,608 32,168 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544		47,608 32,168 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544		
1008. 1983 Individual Annuity Iable 3.00%. 1983 Individual Annuity Iable 5.30%. 1009. 1983 Individual Annuity Table 6.10%. 1001. 1983 Individual Annuity Table 6.25%. 10012. 1983 Individual Annuity Table 6.25%. 10013. 1983 Individual Annuity Table 6.60%. 10014. 1983 Individual Annuity Table 6.60%. 10014. 1983 Individual Annuity Table 7.25%. 10016. 1983 Individual Annuity Table 7.25%. 10017. 1983 Individual Annuity Table 7.75%. 10018. 1983 Individual Annuity Table 8.25%. 10019. 1983 Individual Annuity Table 8.30%. 10020. 1983 Individual Annuity Table 8.30%. 10020. 1983 Individual Annuity Table 8.75%. 10021. 1983 Individual Annuity Table 8.80%. 100299997. Totals (Gross)	47,608 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947		47,608 32,168 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972	0	
1008. 1983 Individual Annuity Iable 3.00%. 1983 Individual Annuity Table 5.30%. 1010. 1983 Individual Annuity Table 6.10%. 1011. 1983 Individual Annuity Table 6.25%. 1012. 1983 Individual Annuity Table 6.25%. 1013. 1983 Individual Annuity Table 6.60%. 1014. 1983 Individual Annuity Table 7.00%. 1015. 1983 Individual Annuity Table 7.25%. 1016. 1983 Individual Annuity Table 7.75%. 1017. 1983 Individual Annuity Table 7.75%. 1018. 1983 Individual Annuity Table 8.25%. 1019. 1983 Individual Annuity Table 8.25%. 1020. 1983 Individual Annuity Table 8.75%. 1021. 1983 Individual Annuity Table 8.80%. 10399997. Totals (Gross) 10399998. Reinsurance ceded 1030 1040	47,608 32,168 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544 2,334,544	.0	47,608 32,168 32,168 132,703 7,632 97,746 11,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544 2,334,544 0	0	
1008. 1983 Individual Annuity Iable 3.00%. 1983 Individual Annuity Table 5.30%. 1010. 1983 Individual Annuity Table 6.10%. 1011. 1983 Individual Annuity Table 6.25%. 1012. 1983 Individual Annuity Table 6.25%. 1013. 1983 Individual Annuity Table 6.60%. 1014. 1983 Individual Annuity Table 7.00%. 1015. 1983 Individual Annuity Table 7.25%. 1016. 1983 Individual Annuity Table 7.75%. 1017. 1983 Individual Annuity Table 7.75%. 1018. 1983 Individual Annuity Table 8.25%. 1019. 1983 Individual Annuity Table 8.25%. 1020. 1983 Individual Annuity Table 8.30%. 1021. 1983 Individual Annuity Table 8.80%. 1021. 1983 Individual Annuity Table 8.80%. 1021. 1983 Individual Annuity Table 8.80%. 1021. 1022. 1023. 1024. 1023. 1024. 1024. 1024. 1024. 1024. 1024. 1025. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026.	47,608 32,168 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544 2,334,544 0 18,064	.0	47,608 32,168 32,168 32,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544 2,334,544 0 18,064	0	
1008. 1983 Individual Annuity Iable 3.00%. 1983 Individual Annuity Table 5.30%. 1009. 1983 Individual Annuity Table 6.10%. 1001. 1983 Individual Annuity Table 6.25%. 1001. 1983 Individual Annuity Table 6.25%. 1001. 1983 Individual Annuity Table 6.50%. 1001. 1983 Individual Annuity Table 7.00%. 1001. 1983 Individual Annuity Table 7.25%. 1001. 1983 Individual Annuity Table 7.25%. 1001. 1983 Individual Annuity Table 7.25%. 1001. 1983 Individual Annuity Table 7.80%. 1001. 1983 Individual Annuity Table 8.25%. 1001. 1983 Individual Annuity Table 8.25%. 1001. 1983 Individual Annuity Table 8.25%. 1002. 1983 Individual Annuity Table 8.26%. 1002. 1983 Individual Annuity Table 8.80%. 1002. 1983 Individual Annuity Table 8.80%. 1002. 1983 Individual Annuity Table 8.80%. 1002.	47,608 32,168 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 881,947 118,972 2,334,544 2,334,544 0 18,064		47,608 32,168 32,168 132,703 7,632 97,746 11,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544 2,334,544 0 18,064 18,064		
1983 Individual Annuity Table 3.00% 1983 Individual Annuity Table 5.30% 1983 Individual Annuity Table 6.25% 1983 Individual Annuity Table 6.60% 1983 Individual Annuity Table 7.00% 1983 Individual Annuity Table 7.25% 1983 Individual Annuity Table 7.25% 1983 Individual Annuity Table 7.25% 1983 Individual Annuity Table 7.75% 1983 Individual Annuity Table 8.25% 1983 1983 Individual Annuity Table 8.25% 1983 1983 Individual Annuity Table 8.25% 1983	47, 608 32, 168 32, 168 132, 703 7, 632 97, 746 1, 198, 528 30, 374 9, 981 47, 404 76, 010 57, 784 81, 947 118, 972 2, 334, 544 2, 334, 544 0 18, 064 18, 064 0	.0	47,608 32,168 32,168 32,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544 2,334,544 0 18,064 18,064 0	0 0	
1008. 1983 Individual Annuity Table 3.00%. 1983 Individual Annuity Table 5.30%. 1983 Individual Annuity Table 6.10%. 1011. 1983 Individual Annuity Table 6.25%. 1012. 1983 Individual Annuity Table 6.25%. 1013. 1983 Individual Annuity Table 6.60%. 1014. 1983 Individual Annuity Table 7.00%. 1015. 1983 Individual Annuity Table 7.25%. 1016. 1983 Individual Annuity Table 7.25%. 1017. 1983 Individual Annuity Table 7.7.5%. 1018. 1983 Individual Annuity Table 7.7.5%. 1019. 1983 Individual Annuity Table 8.25%. 1019. 1983 Individual Annuity Table 8.25%. 1021. 1983 Individual Annuity Table 8.30%. 1022. 1983 Individual Annuity Table 8.30%. 1023. 1983 Individual Annuity Table 8.80%. 10399997. Totals (Gross) 10399998. Reinsurance ceded 103999999. Totals (Gross) 10399997. Totals (Gross) 10399997. Totals (Gross) 103999997. Totals (Gross) 103999997. Totals (Gross) 103999997. Totals (Gross) 103999998. Reinsurance ceded 1039999999. Totals (Gross) 103999999. Totals (Gross)	47, 608 32, 168 32, 168 132, 703 7, 632 97, 746 1, 198, 528 30, 374 9, 981 47, 404 76, 010 57, 784 81, 947 118, 972 2, 334, 544 2, 334, 544 0 18, 064 18, 064 0		47,608 32,168 32,168 132,703 7,632 97,746 11,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544 2,334,544 0 18,064 18,064	0 0	
1008. 1983 Individual Annuity Table 3.0%. 1009. 1983 Individual Annuity Table 5.30%. 10010. 1983 Individual Annuity Table 6.10%. 10011. 1983 Individual Annuity Table 6.25%. 10012. 1983 Individual Annuity Table 6.25%. 10013. 1983 Individual Annuity Table 6.60%. 10014. 1983 Individual Annuity Table 7.00%. 10015. 1983 Individual Annuity Table 7.25%. 10016. 1983 Individual Annuity Table 7.25%. 10017. 1983 Individual Annuity Table 7.25%. 10018. 1983 Individual Annuity Table 8.25%. 10019. 1983 Individual Annuity Table 8.25%. 10020. 1983 Individual Annuity Table 8.30%. 10021. 1983 Individual Annuity Table 8.30%. 10021. 1983 Individual Annuity Table 8.30%. 10021. 1983 Individual Annuity Table 8.30%. 10099998. Reinsurance ceded 10099999999999999999999999999999999999	47,608 32,168 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544 2,334,544 0 18,064 18,064 18,064 0 618,883 618,883		47,608 32,168 32,168 32,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544 2,334,544 0 18,064 18,064 0 618,883 618,883	0 0 0	
1008. 1983 Individual Annuity Table 3.0%. 1009. 1983 Individual Annuity Table 5.30%. 10010. 1983 Individual Annuity Table 6.10%. 1011. 1983 Individual Annuity Table 6.25%. 1012. 1983 Individual Annuity Table 6.25%. 1013. 1983 Individual Annuity Table 6.60%. 1014. 1983 Individual Annuity Table 7.00%. 1015. 1983 Individual Annuity Table 7.25%. 1016. 1983 Individual Annuity Table 7.25%. 1017. 1983 Individual Annuity Table 7.25%. 1018. 1983 Individual Annuity Table 7.25%. 1019. 1983 Individual Annuity Table 8.25%. 1019. 1983 Individual Annuity Table 8.25%. 1020. 1983 Individual Annuity Table 8.25%. 1021. 1983 Individual Annuity Table 8.30%. 1022. 1983 Individual Annuity Table 8.30%. 1022. 1983 Individual Annuity Table 8.80%. 1023. 1024. 1025. 1024. 1025. 1025. 1025. 1025. 1025. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 1026. 102	47,608 32,168 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544 2,334,544 0 18,064 18,064 0 618,883		47,608 32,168 32,168 32,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544 2,334,544 0 18,064 18,064 0 618,883 618,883		
1008. 1983 Individual Annuity Table 3.00%. 1983 Individual Annuity Table 5.30%. 1009. 1983 Individual Annuity Table 6.10%. 1011. 1983 Individual Annuity Table 6.25%. 1012. 1983 Individual Annuity Table 6.25%. 1013. 1983 Individual Annuity Table 6.60%. 1014. 1983 Individual Annuity Table 7.00%. 1015. 1983 Individual Annuity Table 7.25%. 1016. 1983 Individual Annuity Table 7.25%. 1017. 1983 Individual Annuity Table 7.25%. 1018. 1983 Individual Annuity Table 8.25%. 1019. 1983 Individual Annuity Table 8.25%. 1019. 1983 Individual Annuity Table 8.25%. 1020. 1983 Individual Annuity Table 8.30%. 1020. 1983 Individual Annuity Table 8.30%. 10399997. Totals (Gross) 10399997. Totals (Gross) 10399999. Totals (Net) 105001. 1959 AD 1958 CSO 4.5%. 10501. 1959 AD 1958 CSO 4.5%. 10501. 1952 DISABILITY STUDY 1958 CSO 3%. 10501. 10502 DISABILITY STUDY 1958 CSO 3%.	47,608 32,168 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544 2,334,544 0 18,064 18,064 18,064 0 618,883 618,883 618,883 0		47,608 32,168 32,168 32,168 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544 0 18,064 18,064 18,064 0 618,883 618,883 0 759,474	0 0 0	
1008. 1983 Individual Annuity Iable 3.00%. 1983 Individual Annuity Iable 5.30%. 10010. 1983 Individual Annuity Table 6.10%. 10011. 1983 Individual Annuity Table 6.25%. 10012. 1983 Individual Annuity Table 6.25%. 10012. 1983 Individual Annuity Table 6.50%. 10013. 1983 Individual Annuity Table 6.60%. 10014. 1983 Individual Annuity Table 7.00%. 10015. 1983 Individual Annuity Table 7.25%. 10016. 1983 Individual Annuity Table 7.25%. 10017. 1983 Individual Annuity Table 7.25%. 10017. 1983 Individual Annuity Table 8.25%. 10019. 1983 Individual Annuity Table 8.25%. 10019. 1983 Individual Annuity Table 8.30%. 10020. 1983 Individual Annuity Table 8.30%. 10020. 1983 Individual Annuity Table 8.30%. 10020. 1983 Individual Annuity Table 8.80%. 10020.	47,608 32,168 32,168 132,703 7,632 97,746 1,198,528 30,374 9,981 47,404 76,010 57,784 81,947 118,972 2,334,544 2,334,544 0 18,064 18,064 18,064 18,064 0 618,883 618,883 618,883			0 0 0	

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

	1	2	3	4	5	6
					Credit	
	Valuation Standard	Total	Industrial	Ordinary	(Group and Individual)	Group
0700002. 0700003.	Special Class Extra For excess of valuation net premiums over corresponding gross premiums on respective policies, computed according to the standard of valuation required by this state.	14,434		14,434		
0700004.	valuation required by this state	112,490		112,490		
0700005.	For surrender values in excess of reserves otherwise required and carried in this schedule	1,003,300		1,003,300		
079999 079999	7. Totals (Gross) 8. Reinsurance ceded	1,681,051 1,681,051	0	1,681,051 1,681,051	0	0
079999	9. Totals (Net)	0	0	0	0	0
999999	9. Totals (Net) - Page 3, Line 1	0	U	0	0	0



EXHIBIT 5 - INTERROGATORIES

	If not, state which kind is issued		Yes [ΧJ	No	· [J
2.1.	Does the reporting entity at present issue both participating and non-participating contracts?		Yes []	No	[)	(]
2.2.	If not, state which kind is issued Non-participating	-					
3.	Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?		Yes [1	No	()	()
	If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.						
4.	Has the reporting entity any assessment or stipulated premium contracts in force?		Yes []	No	[)	(]
	If so, state:						
	4.1 Amount of insurance?	\$					
	4.2 Amount of reserve?	\$					
	4.3 Basis of reserve						
	4.4 Basis of regular assessments						
	4.5 Basis of special assessments						
	4.6 Assessments collected during the year						
5.	If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.						
6.	Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?		Yes []	No	[)	(]
	6.1 If so, state the amount of reserve on such contracts on the basis actually held:	\$					
	6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:						
	Attach statement of methods employed in their valuation.						
7.	Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?		Yes [1	No	()	(1
	7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements:			-			, 1
	7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount						
	7.3 State the amount of reserves established for this business:						
	7.4 Identify where the reserves are reported in the blank						

EXHIBIT 5A - CHANGES IN BASES OF VAI LIATION DURING THE YEAR

1	Valuatio	on Basis	4
·	2	3	Increase in Actuaria Reserve Due to
Description of Valuation Class	Changed From	Changed To	Change
LIFE CONTRACTS (Including supplementary contracts set upon a basis other than that used to determine benefits) (Exhibit 5)			
0199999 Subtotal (Page 7, Line 6)	XXX	XXX	
ACCIDENT AND HEALTH CONTRACTS (Exhibit 6)			
0299999 Subtotal	XXX	XXX	
DEPOSIT-TYPE CONTRACTS (Exhibit 7))NE		
0399999 Subtotal	XXX	XXX	

EXHIBIT 6 - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS

ACTIVE LIFE RESERVE 1. Uncarned premium reserves 2. Additional contract reserves (a) 3. Additional actuarial reserves-Asset/Liability analysis 4. Reserve for future contingent benefits 5. Reserve for rate credits 6. Aggregate write-ins for reserves.	Total 227, 494 51, 108 0 0 0 0 278, 602 54, 503	Group Accident and Health	Credit Accident and Health	Novito II o O	5		7 Non Benewakle for	8	6
	Total 227, 494 51, 108 0 0 0 278, 602 54, 603	Group Accident and Health	and Health	707170		Guaranteed	Non-Dangwahla for	•	
	227, 494 51, 108 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Collectively Renewable	Non-Cancelable	Renewable	Stated Reasons Only	Other Accident Only	All Other
	51, 108 0 0 0 0 278, 602 54, 503					3 305			
	278,602 54,503 54,503					51, 108			
	278,602 54,503 54,503								
	278,602 54,503 224,099								
	278,602 54,503 224,099								
	278, 602 54, 503 224, 099	0	0	0	0	0	0	0	0
	54, 503	0	0	0	0	.54,503	. 224,099	0	0
	224.099					54,503			
		0	0	0	0	0	224,099	0	0
	14,960				14,960				
	0								
	1,000	1,000							
	0	0	0	0	0	0	0	0	0
	15,960	1,000	0	0	14,960	0	0	0	0
	14,960				14,960				
	1,000	1,000	0	0	0	0	0	0	0
17. TOTAL (Net)	225,099	1,000	0	0	0	0	224,099	0	0
18. TABULAR FUND INTEREST	0								
DETAILS OF WRITE-INS									
U601, 0602									
0603.									
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0	0	0	0
1301.									
1302.									
1303.									
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0

EXHIBIT 7 - DEPOSIT TYPE CONTRACTS

		1	Ć	3	4	5.5	9 .
		Total	2 Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
<u> </u>	. Balance at the beginning of the year before reinsurance	4,002,546	0	0	3,098,687	903,859	0
2	Deposits received during the year	524,641			478,418	46,222	
6.	3. Investment earnings credited to the account	159,501			123,380	36, 121	
4	. Other net change in reserves	6, 593				9,593	
5.	o. Fees and other charges assessed	0					
9.). Surrender charges	0					
7.		.723,764			. 630, 165	. 93,599	0
ω.	3. Other net transfers to or (from) Separate Accounts	0					
6). Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8)	3,972,516	0	0	3,070,321	902,195	0
10.). Reinsurance balance at the beginning of the year	(4,002,546)			(3,098,687)	(903, 859)	0
<u>+</u>	. Net change in reinsurance assumed	0			0	0	0
12.	2. Net change in reinsurance ceded	(30,030)			(28,366)	(1,663)	
13.	3. Reinsurance balance at the end of the year (Lines 10+11-12)	(3,972,516)	0	0	(3,070,321)	(902, 195)	0
4.	. Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS PART 1 - Liability End of Current Year

			c	_	Ordinary		ď	J.E	Group		Accident and Health	
		_	٧		Claimary		0	5			ייסטומבוור מווים ווסמונו	
				ო	4	5 Supplementary	Credit Life (Group	7	∞	တ	10 Credit (Group and	11
		Total	Industrial Life	Life Insurance	Individual Annuities	Contracts	and Individual)	Life Insurance	Annuities	Group	Individual)	Other
1. Due and unpaid:												
-	1.1 Direct	0										
	1.2 Reinsurance assumed	0										
	1.3 Reinsurance ceded	0										
	1.4 Net	0	0	0	0	0	0	0	0	0	0	0
2. In course of settlement:												
2.1 Resisted	2.11 Direct	0										
	2.12 Reinsurance assumed	0										
	2.13 Reinsurance ceded	0										
	2.14 Net	0	0	O(q)	(a)	0	O (q)	0 (q)	0	0	0	0
2.2 Other	2.21 Direct	4,171,159		473,384						3,570,393		127,382
	2.22 Reinsurance assumed	0										
	2.23 Reinsurance ceded	473,384		473,384								
	2.24 Net	3,697,775	0	(q)	0 (q)	0	0 (q)	0 (q)	0	(b) 393	O (q)	(b) 127,382
3. Incurred but unreported:												
	3.1 Direct	12,199,266		234,000						11,639,569		325,697
	3.2 Reinsurance assumed	0										
	3.3 Reinsurance ceded	240,497		234,000								6,46
	3.4 Net	11,958,769	0	(q)	(a)	0	(q)	0 (q)	0	(b) (11,639,569	O (q)	(b) 319, 200
4. TOTALS	4.1 Direct	16,370,425	0	707,384	0	0	0	0	0	15,209,962	0	453,079
	4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
	4.3 Reinsurance ceded	713,881	0	707,384	0	0	0	0	0	0	0	6,497
	4 4 Net	15 656 544 (8	(a) U	(a) U	C	C	C	(a) U		15 209 962	_	446 582

⁽d) Induding matter endownients (but not gradameed affilidation pure endownients) unpaid announting to \$\frac{1}{2}\$.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$\frac{1}{2}\$.

[,] are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$ are included in Page 3, Line 2 (See Exhibit 6, Claim Reserve). , and Group Life \$.., and Other Accident and Health \$... Credit Life (Group and Individual) \$ Credit (Group and Individual) Accident and Health \$...

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS PART 2 - Incurred During the Year

		2		Ordinary		9	Group	- an		Accident and Health	
			ဗ	, 4	2		7	&	6	10	11
	Total	Industrial Life (a)	Life Insurance (b)	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance (c)	Annuities	Group	Credit (Group and Individual)	Other
1. Settlements during the year:	217.579.086		9.957.783	9.832.474	1.219.921				189.090.327		7,478,581
1.2 Reinsurance assumed	0										
1.3 Reinsurance ceded	21,240,312		9,957,783	9,832,474	1,219,921						230, 134
	(d) 196,338,774	0	0	0	0	0	0	0	189,090,327	0	7,248,44
Liability December 31, current year from Part 1:											
2.1 Direct	16,370,425	0	707,384	0	0	0	0	0	15,209,962	0	453,079
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	
2.3 Reinsurance ceded	713,881	0	707, 384	0	0	0	0	0	0	0	6,49
2.4 Net	15,656,544	0	0	0	0	0	0	0	15,209,962	0	446, 582
Amounts recoverable from reinsurers December 31, current vear	0										
	14.286.880	C	1,106,629	0	O	O	O	0	12,851,090	0	329, 161
	0	0	0	0	0	0	0	0	0	0	
4.3 Reinsurance ceded	1,113,694	0	1,106,629	0	0	0	0	0	0	0	7 . 06
	13,173,186	0	0	0	0	0	0	0	12,851,090	0	322,096
 Amounts recoverable from reinsurers December 31, prior vear 	0	0	0	0	0	0	0	0	0	0	0
6. Incurred benefits: 219,662,631 0	219,662,631	0	9,558,538	9,832,474	1,219,921	0	0	0	191,449,199	0	7,602,499
6.2 Reinsurance assumed	0	0		0	0	0	0	0	0	0	
6.3 Reinsurance ceded	20,840,499	0	9,558,538	9,832,474	1,219,921	0	0	0	0	0	229,566
6.4 Net	198,822,132	0	0	0	0	0	0	0	191,449,199	0	7,372,93
) Including matured endowments (but no	t guaranteed annual pure	endowments) amountin	g to §	in Line 1.1, \$		in Line 1.4.					
(A) Including manufacture (strengthered and a representation of the strength o	and lendes beet assets t	andowments) amounting	÷ + + + + + + + + + + + + + + + + + + +	in Line 6.1 and	es es	in Line 6.4.					
	ממשומוונים מוויימשו אמו		Э •	in Line 6.1 and	9	in Line 6.4.					
(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$	t guaranteed annual pure	endowments) amountine	g to \$	in Line 1.1, \$		in Line 1.4.					
			6	O Pac F o cai I ai	6	L G oui l ci					

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total	Prior Year	Change in Total Nonadmitted Assets
	Deads (Cabadula D)	Nonadmitted Assets	Nonadmitted Assets	(Col. 2 - Col. 1)
	Bonds (Schedule D)	0		
۷.	2.1 Preferred stocks	0	0	0
	2.2 Common stocks			Δ
2	Mortgage loans on real estate (Schedule B):	0		
٥.	3.1 First liens	0	0	0
	3.2 Other than first liens			٠
4	Real estate (Schedule A):	0		
4.	4.1 Properties occupied by the company	0	0	0
				0
	4.2 Properties held for the production of income		0	0
_	4.3 Properties held for sale		0	0
5.	Cash (Schedule-E Part 1), cash equivalents (Schedule-E Part 2) and			
	short-term investments (Schedule DA)		0	0
	Contract loans		0	0
7.	Other invested assets (Schedule BA)	0	0	0
	Receivables for securities		0	0
9.	Aggregate write-ins for invested assets	0	0	0
	Subtotals, cash and invested assets (Lines 1 to 9)		0	0
11.	Title plants (for Title insurers only)	0	0	0
12.	Investment income due and accrued	0	0	0
13.	Premiums and considerations:			
	13.1 Uncollected premiums and agents' balances in the course of			
	collection	70,688	55,872	(14,816)
	13.2 Deferred premiums, agents' balances and installments booked but deferred			
	and not yet due	0	0	0
	13.3 Accrued retrospective premiums		0	0
14.	Reinsurance:	-		
	14.1 Amounts recoverable from reinsurers	0	0	0
	14.2 Funds held by or deposited with reinsured companies		0	0
	14.3 Other amounts receivable under reinsurance contracts		0	0
15	Amounts receivable relating to uninsured plans		5,417	(36.147)
	1 Current federal and foreign income tax recoverable and interest thereon		0	0
	2 Net deferred tax asset		0	(645,876)
	Guaranty funds receivable or on deposit		16 616	(24,452)
	Electronic data processing equipment and software		16,616	, ,
	Furniture and equipment, including health care delivery assets		644,751	(155,589)
	Net adjustment in assets and liabilities due to foreign exchange rates		0	0
	Receivables from parent, subsidiaries and affiliates		0	0
	Health care and other amounts receivable		0	0
	Aggregate write-ins for other than invested assets	1,374,835	1,370,378	(4,457)
24.	Total assets excluding Separate Accounts, Segregated Accounts and			
	Protected Cell Accounts (Lines 10 to 23)		2,093,034	(881,337)
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
26.	Total (Lines 24 and 25)	2,974,371	2,093,034	(881,337)
	DETAILS OF WRITE-INS			
0901.				
0902.				
0903.				
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0
	Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	0	0	0
	Prepaid Assets		1 370 378	(4 457)
2302.	Tropara noocco.		.,0,0,0,0	(1, 407)
2302.				
	Summary of remaining write-ins for Line 23 from overflow page		0	Λ
				(4,457)
∠აყყ.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	1,374,835	1,370,378	(4,437)

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Wisconsin Office of Insurance.

The Wisconsin Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Wisconsin for determining and reporting the financial condition and results of operations of an insurance Company, for determining its solvency under the Wisconsin Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Wisconsin. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations exist.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Wisconsin is shown below:

	State of	2008	2007
	Domicile		
1. Net Income, Wisconsin basis	WI	\$ 22,665,636	\$ 22,488,781
2. State Prescribed Practices (Income):	WI	ı	-
3. State Permitted Practices (Income):	WI	1	-
4. Net Income, NAIC SAP	WI	\$ 22,665,636	\$ 22,488,781
5. Statutory Surplus, Wisconsin basis	WI	\$ 63,789,712	\$ 65,630,112
6. State Prescribed Practices (Surplus):	WI	-	-
7. State Permitted Practices (Surplus):	WI	-	-
8. Statutory Surplus, NAIC SAP	WI	\$ 63,789,712	\$ 65,630,112

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. These estimates are based on knowledge of current events and anticipated future events, and accordingly, actual results could differ from those estimates.

C. Accounting Policy

Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximates fair value due to the short-term maturities of the investments.

Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds with an NAIC rating of 1 or 2 are carried at amortized cost, with all other bonds being recorded at the lower of amortized cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value.

The Company regularly evaluates investment securities for impairment. The Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value, the near term prospects for recovery to carrying value, and the Company's intent and ability to hold the investment until maturity or market recovery is realized. If and when a determination is made that a decline in fair value below the cost basis is other-than-temporary, the related investment is written down to its estimated fair value through earnings.

Amortization of bond premium or discount is computed using the scientific interest method.

Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.

The asset valuation reserve ("AVR") is determined using NAIC prescribed formulas and is reported as a liability rather than as a valuation allowance or appropriation of surplus. The AVR represents an allowance for possible fluctuations in the value of bonds, equity securities, mortgage loans, real estate and other invested assets.

Under a formula prescribed by the NAIC, the Company defers the portion of realized gains and losses on sales of fixed income investments, principally bonds, attributable to changes in the general level of interest rates and amortizes those deferrals over the remaining period to maturity of the individual security sold. This net deferral is reported as the "interest maintenance reserve" in the acCompanying statements of admitted assets, liabilities and surplus.

The Company participates in a securities leading program to maximize investment income. The Company loans certain investment securities for short periods of time in exchange for collateral initially equal to at least 102 percent of the fair value of the investment securities on loan. The fair value of the loaned investment securities is monitored on a daily basis, with additional collateral obtained or refunded as the fair value of the loaned investment securities fluctuates. The collateral, which may be in the form of cash or U.S. Government securities, is deposited by the borrower with an independent lending agent.

Equipment is stated at cost less accumulated depreciation. Depreciation expense is computed using the straight-line method over estimated useful lives generally ranging from three to five years. Improvements to leased facilities are depreciated over the shorter of the remaining lease term or the anticipated life of the improvement.

The Company recognizes an asset or liability for the deferred tax consequences of temporary differences between the tax bases of assets or liabilities and their reported amounts in the financial statements. The temporary differences will result in taxable or deductible amounts in future years when the reported amounts of the assets or liabilities are recovered or settled.

Premiums are reported as earned in the period in which members are entitled to receive services, and are net of retroactive

membership adjustments. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by an employer group or the government. Premiums received prior to such period are recorded as advance premiums.

Benefits incurred include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members, as well as estimates of future payments to hospitals and others for medical care provided prior to the date of the statements of admitted assets, liabilities and surplus. Capitation payments represent monthly contractual fees disbursed to participating primary care physicians, and other providers who are responsible for providing medical care to members. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers.

The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses and maintenance costs exceed related future premiums. Investment income is not contemplated in the calculation of the premium deficiency liability.

Management believes the Company's benefits payable are adequate to cover future claims payments required, however, such estimates are based on knowledge of current events and anticipated future events, and therefore, the actual liability could differ from the amounts provided

The Company estimates anticipated Pharmacy Rebate Receivables using the analysis of historical recovery patterns.

	2.	Accounting	Changes	and C	orrections	of Errors
--	----	------------	---------	-------	------------	-----------

Not Applicable.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

Not Applicable.

E. Repurchase Agreements

Not Applicable.

F Real Estate

Not Applicable.

G. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 percent of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. <u>Investment Income</u>

A. Due and accrued income was excluded from surplus on the following basis:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loan default.

B. The total amount excluded was \$0.

8. Derivative Instruments

Not Applicable.

Income Taxes

The components of the net admitted deferred tax asset in the Company's statements of Assets, Liabilities, and Surplus are as follows:

	December 31, 2008	December 31, 2007		
Total of gross deferred tax assets	\$ 1,664,153	\$ 1,120,141		
Total of deferred tax liabilities	284,112	974,054		
Net deferred tax asset	1,380,041	146,087		
Deferred tax asset nonadmitted	645,876			
Net admitted deferred tax asset	<u>\$ 734,165</u>	<u>\$ 146,087</u>		
Decrease in nonadmitted asset	\$ 645,876			

The provisions for incurred taxes on earnings for the years ended December 31 are:

December 31, 2008 December 31, 2007 Federal payable \$ 13,891,159 \$ 10,751,943

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and deferred tax liabilities are as follows:

Deferred tax assets:	Decem	ber 31, 2008	Dece	mber 31, 2007
Advance premium	\$	379,084	\$	538,148
Deferred acquisition cost – net of tax deductible amou	ınt	367,528		-
Non-admitted assets		316,959		235,284
Vacation pay		262,660		282,428
Other than temporary impairment		216,325		-
Other		82,704		5,859
Depreciation		38,893		58,422
Total deferred tax assets	\$	1,664,153	\$	1,120,141
Nonadmitted deferred tax assets		645,876		<u> </u>
Admitted deferred tax assets	\$	1,018,277	\$	1,120,141
Deferred tax liabilities:				
Benefits payable	\$	218,371	\$	910,820
Loss adjustment expense		8,440		36,066
Other	\$	57,301	\$	27,168
Total deferred tax liabilities	\$	284,112	\$	974,054
Net admitted deferred tax asset	\$	734,165	\$	146,087

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the annual statement):

	December 31, 2008			nber 31, 2007	Change
Total deferred tax assets	\$	1,664,153	\$	1,120,141	\$ 544,012
Total deferred tax liabilities		284,112		974,054	 (689,942)
Net deferred tax asset	\$	1,380,041	\$	146,087	\$ 1,233,954

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	Dece	ember 31, 2008	Effective Tax Rate
Provision computed at statutory rate	\$	12,937,111	
Tax exempt income deduction		(289,083)	(0.78)%
Nonadmitted asset deferred tax change effect on rate		(83,173)	(0.23)%
Other permanent items		79,889	0.22%
Loss incurred addback		44,529	0.12%
Vision product move from CBIC		(33,269)	(0.09)%
Dividends received deduction		(7,777)	(0.02)%
Prior year correction entry		8,978	0.02%
Total	\$	12,657,206	34.24%
Federal taxes incurred 2008 only	\$	14,043,552	37.99%

Change in net deferred income taxes	(1,233,053)	(3.34)%
Federal taxes recoverable correction 2007	(152,393)	(0.41)%
Total statutory income taxes	\$ <u>12,657,206</u>	34.24%

The Company has no net capital loss carryforwards.

The Company is included in a consolidated federal income tax return with its parent Company, Humana Inc. The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity which is a party to the consolidation. Pursuant to this agreement, the Company has the enforceable right to be paid for any future net losses it may incur.

HUMANA INC. AND SUBSIDIARIES

CALENDAR YEAR ENDED DECEMBER 31, 2008 AFFILIATIONS SCHEDULE

CORPORATE NAME AND EMPLOYER IDENTIFICATION NUMBER THE ADDRESS OF EACH COMPANY IS: P. O. BOX 740026, LOUISVILLE, KY 40201

DENTIFICATION NUMBER			EMPLOYER
1 AMERICAN DENTAL PLAN OF NORTH CAROLINA, INC. 2 AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC. 3 CAREPLUS HEALTH PLANS, INC. 4 CARITEN HEALTH PLANS, INC. 5 CHA HMO, INC. 6 CHAPPONT 6 COMPBENEFITS COMPANY 7 COMPBENEFITS COMPANY 7 COMPBENEFITS OF ALABAMA, INC. 9 DENTICARE, INC. 10 ILUMANA ADVANTAGECARE PLAN, INC. (Ika Metcare Health Plans, Inc.) 11 ILUMANA ADVANTAGECARE PLAN, INC. (Ika Metcare Health Plans, Inc.) 12 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (Ika OSF Health Plans, Inc.) 13 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (Ika OSF Health Plans, Inc.) 14 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (Ika OSF Health Plans, Inc.) 15 HUMANA HEALTH PLAN OF INC. (Ika Metcare Health Plans, Inc.) 16 HUMANA HEALTH PLAN OF OHO, INC. 17 HUMANA HEALTH PLAN OF OHO, INC. 18 HUMANA HEALTH PLAN OF OHO, INC. 19 HUMANA HEALTH PLAN OF TEXAS, INC. 10 HUMANA HEALTH PLAN OF TEXAS, INC. 10 HUMANA HEALTH PLAN OF TEXAS, INC. 10 HUMANA HEALTH PLAN OF TEXAS, INC. 11 HUMANA HEALTH PLAN OF TEXAS, INC. 12 HUMANA MEDICAL PLAN OF UTAH, INC. 13 HUMANA MEDICAL PLAN OF UTAH, INC. 14 HUMANA MEDICAL PLAN OF UTAH, INC. 15 HUMANA MEDICAL PLAN OF UTAH, INC. 16 HUMANA MEDICAL PLAN OF UTAH, INC. 17 HUMANA MEDICAL PLAN OF UTAH, INC. 18 HUMANA MEDICAL PLAN OF UTAH, INC. 19 HUMANA MEDICAL PLAN OF UTAH, INC. 20 HUMANA MEDICAL PLAN OF UTAH, INC. 21 HUMANA MEDICAL PLAN OF UTAH, INC. 22 HUMANA MISSURANCE COMPANY 23 COMPBENEFITS INSURANCE COMPANY 24 CARITEN INSURANCE COMPANY 25 COMPBENEFITS INSURANCE COMPANY 26 EMPHESYS INSURANCE COMPANY 27 HUMANA INSURANCE COMPANY 28 HUMANA INSURANCE COMPANY 29 HUMANA INSURANCE COMPANY 31 HUMANA INSURANCE COMPANY 31 HUMANA INSURANCE COMPANY 32 HUMANA INSURANCE COMPANY 33 HUMANA INSURANCE COMPANY 34 CAC-FLORIDA MEDICAL CENTERS, ILC 36 HUMANA INSURANCE COMPANY 37 HUMANA INSURANCE COMPANY 38 HUMANA INSURANCE COMPANY 39 HUMANA INSURANCE COMPANY 30 HUMANA INSURANCE COMPANY 30 HUMANA INSURANCE COMPANY 31 HUMANA INSURANCE COMPANY 31 HUMANA INSURANCE COMPANY 32 HUMANA MEDICAL CENTERS, ILC 36 HUMANA MEDICAL CENTERS, ILC 37 HUMANA MEDICAL CENTERS,	CORP		IDENTIFICATION
2 AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC. 3 CAREPLUS HEALTH PLANS, INC. 5 C1A HMO, INC. 6 C1A HMO, INC. 6 C1A HMO, INC. 6 C1A HMO, INC. 6 C1A HMO, INC. 6 C1A HMO, INC. 6 COMPBENEFTIS COMPANY 7 COMPBENEFTIS COMPANY 7 COMPBENEFTIS OF ALABAMA, INC. 8 COMPBENEFTIS OF ALABAMA, INC. 9 DENTICARE, INC. 10 DENTICARE, INC. 11 HUMANA ADVANTAGECARE PLAN, INC. (Ika Meteure Health Plans, Inc.) 12 HUMANA BENEFTT PLAN OF ILLINOIS, INC. (Ika OSF Health Plans, Inc.) 13 HUMANA BENEFTT PLAN OF ILLINOIS, INC. (Ika OSF Health Plans, Inc.) 14 HUMANA BENEFTT PLAN OF ILLINOIS, INC. (Ika OSF Health Plans, Inc.) 15 HUMANA HEALTH BENEFTT PLAN OF ILUISIANA, INC. 16 HUMANA HEALTH PLAN OF CALIFORNIA, INC. 17 LIVEN AND AND AND AND AND AND AND AND AND AN	NO.	CORPORATION NAME	NUMBER
3 CAREPLUS HEALTH PLANS, INC. 62-1579044 4 CARITEN HEALTH PLAN INC. 62-1579044 5 CIAI AIMO, INC. 61-1279717 6 COMPBENEFITS COMPANY 59-2531815 7 COMPBENEFITS OMPANY 59-2531815 7 COMPBENEFITS OF ALABAMA, INC. 63-1063101 9 DENTICARE, INC. 76-0039628 10 HUMANA ADVANTAGECARE PLAN, INC. (Ika Meteare Health Plans, Inc.) 76-0039628 11 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (Ika Meteare Health Plans, Inc.) 73-1326199 12 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (Ika OSF Health Plans, Inc.) 73-1326199 13 HUMANA HEALTH BENEFIT PLAN OF GEORGIA, INC. 72-1279235 14 HUMANA HEALTH PLAN OF CALIFORNIA, INC. 72-1279235 15 HUMANA HEALTH PLAN OF CALIFORNIA, INC. 72-1279235 16 HUMANA HEALTH PLAN OF THOIR, INC. 161-103183 17 HUMANA HEALTH PLAN, INC. 61-103183 18 HUMANA MEDICAL PLAN, INC. 61-103183 18 HUMANA MEDICAL PLAN, INC. 61-103183 19 HUMANA MEDICAL PLAN, INC. 61-103183 10 HUMANA MEDICAL PLAN OF UTAH, INC. 61-1103898 10 HUMANA MEDICAL PLAN OF UTAH, INC. 61-1103899 11 PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC. 62-1546662 12 THE DENTAL CONCERN, I.TD 36-3654697 12 CAMPBENEFITS INSURANCE COMPANY 62-0729865 12 PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC. 52-1157181 13 GAGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG	1	AMERICAN DENTAL PLAN OF NORTH CAROLINA, INC.	56-1796975
4 CARITEN HEALTH PLAN INC. 5 CHA HMO, INC. 61-1279717 6 COMPBENEFITS COMPANY 5 2-2531815 7 COMPBENEFITS DENTAL, INC. 36-3686002 8 COMPBENEFITS DENTAL, INC. 7 COMPBENEFITS DENTAL, INC. 8 COMPBENEFITS DENTAL, INC. 8 COMPBENEFITS OF ALABAMA, INC. 9 DENTICARE, INC. 10 HUMANA ADVANTAGECARE PLAN, INC. (fka Metcare Health Plans, Inc.) 11 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (fka OSF Health Plans, Inc.) 12 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (fka OSF Health Plans, Inc.) 13 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (fka OSF Health Plans, Inc.) 14 HUMANA HEALTH BLAN OF CALIFORNIA, INC. 15 HUMANA HEALTH PLAN OF CALIFORNIA, INC. 16 HUMANA HEALTH PLAN OF CALIFORNIA, INC. 17 HUMANA HEALTH PLAN OF CALIFORNIA, INC. 18 HUMANA HEALTH PLAN OF TEXAS, INC. 19 HUMANA HEALTH PLAN OF UTAH, INC. 19 HUMANA MEDICAL PLAN, INC. 10 HUMANA MEDICAL PLAN, INC. 10 HUMANA MEDICAL PLAN, INC. 11 HUMANA MEDICAL PLAN, INC. 11 HUMANA MEDICAL PLAN, INC. 11 HUMANA MEDICAL PLAN, INC. 12 HUMANA MEDICAL PLAN, INC. 13 HUMANA MEDICAL PLAN, INC. 14 HUMANA MEDICAL PLAN, INC. 15 HUMANA MEDICAL PLAN, INC. 16 HUMANA MEDICAL PLAN, INC. 17 HUMANA MEDICAL PLAN, INC. 18 HUMANA MEDICAL PLAN, INC. 19 HUMANA MEDICAL PLAN, INC. 19 HUMANA MEDICAL PLAN, INC. 20 HUMANA MEDICAL PLAN, INC. 21 HUMANA MEDICAL PLAN, INC. 21 HUMANA MEDICAL PLAN, INC. 22 HUMANA MEDICAL PLAN, INC. 23 HUMANA MEDICAL PLAN, INC. 24 CARGERY MEDICAL PLAN, INC. 25 HUMANA MESCONSIN HEALTH ORGANIZATION INSURANCE CO. 27 HUE DENTAL CONCERN, INC. 28 HUMANA MESCONSIN HEALTH ORGANIZATION INSURANCE CO. 29 HUE DENTAL CONCERN, INC. 20 HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO. 20 HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO. 20 HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO. 21 HUE DENTAL CONCERN, INC. 21 HUMANA HUMANA ENCREMENT, INC. 22 HEALTH VALUE MANAGEMENT, INC. 23 HUMANA HUMANA ENCHEMENT, INC. 24 H	2	AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.	58-2302163
5 CHA HMO, INC. 61-1279717 6 COMPBENEFITS COMPANY 59-2531815 7 COMPBENEFITS DENTAL, INC. 36-3686002 8 COMPBENEFITS OF ALABAMA, INC. 63-1063101 9 DENTICARE, INC. 76-0039628 10 HUMANA ADVANTAGECARE PLAN, INC. (fka Metcare Health Plans, Inc.) 65-1137990 11 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (fka OSF Health Plans, Inc.) 37-1326199 12 HUMANA BENEFIT PLAN OF LUISIANA, INC. 72-1279235 13 HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC. 72-3473328 14 HUMANA HEALTH PLAN OF OHOI, INC. 13-114200 16 HUMANA HEALTH PLAN OF TEXAS, INC. 61-0994632 17 HUMANA HEALTH PLAN, INC. 61-1013183 18 HUMANA MEDICAL, PLAN OF UTAH, INC. 61-1013183 19 HUMANA MEDICAL, PLAN, INC. 61-1103898 20 HUMANA WEDICAL, PLAN, INC. 61-1103898 21 PEPEFRED HEALTH PARTINERSHIP OF TENNESSEE, INC. 52-1157181 22 THE DENTAL CONCERN, INC. 52-1157181 23 THE DENTAL CONCERN, INC. 52-1157181 24 CARITEN INSURANCE COMPANY 62-079865 25 COMPBENEFITS INSURANCE COMPANY 74-2552026 26 EMPHESSY INSURANCE COMPANY </td <td>3</td> <td>CAREPLUS HEALTH PLANS, INC.</td> <td>59-2598550</td>	3	CAREPLUS HEALTH PLANS, INC.	59-2598550
6 COMPBENEFITS COMPANY 7 COMPBENEFITS DENTAL, INC. 8 COMPBENEFITS OF ALABAMA, INC. 9 DENTICARE, INC. 10 HUMANA ADVANTAGECARE PLAN, INC. (fka Metcare Health Plans, Inc.) 11 HUMANA ADVANTAGECARE PLAN, INC. (fka Metcare Health Plans, Inc.) 12 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (fka OSF Health Plans, Inc.) 13 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (fka OSF Health Plans, Inc.) 14 HUMANA HEALTH BENEFIT PLAN OF GEORGIA, INC. 15 \$8-2209549 15 HUMANA HEALTH BENEFIT PLAN OF GUISIANA, INC. 16 HUMANA HEALTH PLAN OF CALIFORNIA, INC. 17 HUMANA HEALTH PLAN OF OHIO, INC. 18 HUMANA HEALTH PLAN OF DETASA, INC. 19 HUMANA HEALTH PLAN OF DETASA, INC. 19 HUMANA HEALTH PLAN OF UTAH, INC. 10 HUMANA HEALTH PLAN OF UTAH, INC. 10 HUMANA MEDICAL PLAN OF UTAH, INC. 11 HUMANA MEDICAL PLAN OF UTAH, INC. 11 HUMANA MEDICAL PLAN OF UTAH, INC. 120 HUMANA MEDICAL PLAN, INC. 11 HUMANA MEDICAL PLAN OF UTAH, INC. 11 HUMANA MEDICAL PLAN OF UTAH, INC. 12 PREFERRED HEALTH PARTENSHIP OF TENNESSEE, INC. 13 HUMANA MEDICAL PLAN OF UTAH, INC. 14 PREFERRED HEALTH PARTENSHIP OF TENNESSEE, INC. 15 HUMANA MEDICAL PLAN OF UTAH, INC. 16 HUMANA MEDICAL PLAN OF UTAH, INC. 17 HUMANA HEALTH PARTENSHIP OF TENNESSEE, INC. 18 HUMANA MISCONSIN HEALTH ORGANIZATION INSURANCE CO. 19 PREFERRED HEALTH PARTENSHIP OF TENNESSEE, INC. 20 HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO. 21 PREFERRED HEALTH PARTENSHIP OF TENNESSEE, INC. 22 THE DENTAL CONCERN, ITD 23 THE DENTAL CONCERN, ITD 24 CARIFTEN INSURANCE COMPANY 25 COMPBENEFITS INSURANCE COMPANY 26 COMPBENEFITS INSURANCE COMPANY 27 HUMANA HEALTH INSURANCE COMPANY 28 HUMANA INSURANCE COMPANY OF KENTUCKY 29 HUMANA INSURANCE COMPANY OF NEW YORK 20 LESSEZIA 21 HUMANA INSURANCE COMPANY OF NEW YORK 20 LESSEZIA 21 HUMANA INSURANCE COMPANY OF NEW YORK 20 LESSEZIA 21 HUMANA INSURANCE COMPANY OF NEW YORK 21 HUMANA INSURANCE COMPANY OF NEW YORK 22 LESSEZIA 23 HUMANA MEDICAL CENTERS, LLC 26 LOOID657 26 COMPBENEFITS OF GEORGIA, INC. 27 LESSEZIA 28 HUMANA MEDICAL CENTERS, LLC 27 LESSEZIA 28 LOOID657 28 LESSEZIA 29 LESSEZIA 20 LESSEZI	4	CARITEN HEALTH PLAN INC.	62-1579044
7 COMPBENEFITS DENTAL, INC. 36-3686002 8 COMPBENEFITS OF ALABAMA, INC. 63-1063101 9 DENTICARE, INC. 76-0039628 10 HUMANA ADVANTAGECARE PLAN, INC. (fka Meteare Health Plans, Inc.) 65-1137990 11 HUMANA BENFEIT PLAN OF ILLINOIS, INC. (fka OSF Health Plans, Inc.) 37-1326199 12 HUMANA BENFEIT PLAN OF ILLINOIS, INC. (fka OSF Health Plans, Inc.) 37-1326199 13 HUMANA HEALTH BLAN OF CALIFORNIA, INC. 72-1279235 14 HUMANA HEALTH PLAN OF CALIFORNIA, INC. 26-3473328 15 HUMANA HEALTH PLAN OF OHIO, INC. 31-1154200 16 HUMANA HEALTH PLAN OF TEXAS, INC. 61-0994632 17 HUMANA HEALTH PLAN, INC. 61-103183 18 HUMANA MEDICAL PLAN, INC. 61-101383 19 HUMANA MEDICAL PLAN, INC. 61-101383 20 HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO. 39-1525003 21 PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC. 62-1546662 22 THE DENTAL CONCERN, ICT 52-1157181 23 THE DENTAL CONCERN, ICT 36-3654097 24 CARITEN INSURANCE COMPANY 62-0729865 25 COMPBENEFITS INSURANCE COMPANY 74-255206 26 EMPHESYS INSURANCE COMPANY 61-1041514 <td>5</td> <td>CHA HMO, INC.</td> <td>61-1279717</td>	5	CHA HMO, INC.	61-1279717
8 COMPBENEFITS OF ALABAMA, INC. 63-1063101 9 DENTICARE, INC. 76-0039628 10 HUMANA ADVANTAGECARE PLAN, INC. (Ika OSF Health Plans, Inc.) 55-1137990 11 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (Ika OSF Health Plans, Inc.) 37-1326199 12 HUMANA BEALTH BENEFIT PLAN OF GORGIA, INC. 58-2209549 13 HUMANA HEALTH BENEFIT PLAN OF GORGIA, INC. 26-3473328 14 HUMANA HEALTH PLAN OF CALIFORNIA, INC. 31-1154200 15 HUMANA HEALTH PLAN OF TEXAS, INC. 61-094632 16 HUMANA HEALTH PLAN OF TEXAS, INC. 61-1013183 17 HUMANA MEDICAL PLAN, INC. 61-1013183 18 HUMANA MEDICAL PLAN, INC. 61-1013888 20 HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO. 39-1525003 21 PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC. 62-1546662 22 THE DENTAL CONCERN, LTD 36-3654697 24 CARITEN INSURANCE COMPANY 74-2552026 25 COMPBENEFITS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY 74-2652026	6	COMPBENEFITS COMPANY	59-2531815
9 DENTICARE, INC. 76-0039628 10 HUMANA ADVANTAGECARE PLAN, INC. (fka Metcare Health Plans, Inc.) 65-1137990 11 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (fka OSF Health Plans, Inc.) 37-1326199 12 HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC. 58-2209549 13 HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC. 26-3473328 14 HUMANA HEALTH PLAN OF CALIFORNIA, INC. 26-3473328 15 HUMANA HEALTH PLAN OF OHIO, INC. 31-1154200 16 HUMANA HEALTH PLAN OF TEXAS, INC. 61-0994632 17 HUMANA HEALTH PLAN, INC. 61-0913183 18 HUMANA MEDICAL PLAN, INC. 61-1013183 19 HUMANA MEDICAL PLAN, INC. 61-1013898 20 HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO. 39-1525003 21 PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC. 62-1546662 22 THE DENTAL CONCERN, INC. 52-1157181 23 THE DENTAL CONCERN, INC. 52-1157181 24 CARITEN INSURANCE COMPANY 62-0729866 25 COMPENEPETTS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY OF FLORIDA, INC. 61-1041514 27 HUMANA INSURANCE COMPANY OF KENTUCKY	7	COMPBENEFITS DENTAL, INC.	36-3686002
HUMANA ADVANTAGECARE PLAN, INC. (fka Metcare Health Plans, Inc.) 65-1137990	8	COMPBENEFITS OF ALABAMA, INC.	63-1063101
HUMANA BENEFIT PLAN OF ILLINOIS, INC. (fka OSF Health Plans, Inc.) 37-1326199	9	DENTICARE, INC.	76-0039628
12 HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC. 72-1279235 13 HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC. 72-1279235 14 HUMANA HEALTH PLAN OF OHIO, INC. 31-1154200 15 HUMANA HEALTH PLAN OF OHIO, INC. 61-0994632 16 HUMANA HEALTH PLAN OF TEXAS, INC. 61-0994632 17 HUMANA HEALTH PLAN, INC. 61-103183 18 HUMANA MEDICAL PLAN OF UTAH, INC. 61-103183 18 HUMANA MEDICAL PLAN, INC. 61-1103898 19 HUMANA MEDICAL PLAN, INC. 61-1103898 10 HUMANA MEDICAL PLAN, INC. 61-1103898 11 HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO. 39-1252003 12 PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC. 62-1546662 13 THE DEINTAL CONCERN, INC. 52-1157181 14 CARITEN INSURANCE COMPANY 62-0729865 15 COMPBENEFITS INSURANCE COMPANY 74-2552026 16 MPHESYS INSURANCE COMPANY 74-2552026 17 HUMANA HEALTH INSURANCE COMPANY 74-2552026 18 HUMANA INSURANCE COMPANY 74-2552026 19 HUMANA INSURANCE COMPANY 74-2552026 19 HUMANA INSURANCE COMPANY 74-2552026 19 HUMANA INSURANCE COMPANY 74-2552026 10 HUMANA INSURANCE COMPANY 74-2552026 10 HUMANA INSURANCE COMPANY 74-2552026 10 HUMANA INSURANCE COMPANY 74-2552026 11 HUMANA DESTRAIL INSURANCE COMPANY 74-2552026 12 HUMANA INSURANCE COMPANY 74-2552026 13 HUMANA DESTRAIL INSURANCE COMPANY 74-2552026 14 HUMANA DESTRAIL INSURANCE COMPANY 74-2552026 15 HUMANA DESTRAIL INSURANCE COMPANY 74-2552026 16 HUMANA MEDICAL CENTERS, LLC 74-26-0010657 16 COMPBENEFITS DIFECT, INC. 75-2043865 17 COMPBENEFITS DIFECT, INC. 75-2043865 18 COCPHEALTH PROVIDER LINK, INC. 75-2043865 19 DEFINAL CREE FULS MANAGEMENT, INC. 75-2043865 10 DENTAL LARE PLUS MANAGEMENT, INC. 75-2043865 10 DENTAL LARE PLUS MANAGEMENT, INC. 75-2043865 11 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1343791 14 HUMANA HUMAN HUMAN HUMAN HUMAN SERVICES, INC. 61-1343508	10	HUMANA ADVANTAGECARE PLAN, INC. (fka Metcare Health Plans, Inc.)	65-1137990
13 HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC. 26-3473328 14 HUMANA HEALTH PLAN OF CALIFORNIA, INC. 26-3473328 15 HUMANA HEALTH PLAN OF OF OHIO, INC. 31-1154200 16 HUMANA HEALTH PLAN OF OHIO, INC. 61-0994632 17 HUMANA HEALTH PLAN, INC. 61-1013183 18 HUMANA MEDICAL PLAN, INC. 61-1013183 19 HUMANA MEDICAL PLAN, INC. 61-1013898 10 HUMANA MEDICAL PLAN, INC. 61-1103898 10 HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO. 39-1252003 12 PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC. 62-1546662 12 THE DENTAL CONCERN, INC. 52-1157181 23 THE DENTAL CONCERN, ITD 36-3654697 24 CARITEN INSURANCE COMPANY 62-0729865 25 COMPBENEFITS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY 31-0935772 27 HUMANA HEALTH INSURANCE COMPANY 74-2552026 28 HUMANA INSURANCE COMPANY 61-1041514 29 HUMANA INSURANCE COMPANY 05-0729865 30 HUMANA INSURANCE COMPANY 07-0729865 31 HUMANA INSURANCE COMPANY OF FLORIDA, INC. 61-1041514 32 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 33 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 34 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 35 HUMANA INSURANCE COMPANY OF NEW YORK 20-288673 36 COMPBENETITS DIRECT, INC. 61-1232669 37 COMPBENETITS DIRECT, INC. 58-229881 38 CORPHEALTH, INC. 58-229881 39 DEFENSEWEB TECHNOLOGIES, INC. 61-1234264 40 DENTAL CARE PLUS MANAGEMENT, INC. 58-2296049 41 HUMANA ANGEMENT, INC. 61-1343791 42 HUMANA MARKETPOINT, INC. 61-1343508 44 HUMANA MARKETPOINT, INC. 61-1343508 45 HUMANA ARRETPOINT, INC. 61-1343508 46 HUMANA MARKETPOINT, INC. 61-1343508 47 HUMANA MARKETPOINT, INC. 61-1343508 48 HUMANA HEALTH WANGEMENT, INC. 61-1343508 49 HUMANA HEALTH WANGEMENT, INC. 61-1343508 40 HUMANA HEALTH WANGEMENT, INC. 61-1343508 40 HUMANA HEALTH WALLE MANAGEMENT, INC. 61-1343508 41 HUMANA HEALTH WALLE MANAGEMENT, INC. 61-1343508 41 HUMANA HEALTH W	11	HUMANA BENEFIT PLAN OF ILLINOIS, INC. (fka OSF Health Plans, Inc.)	37-1326199
14 HUMANA HEALTH PLAN OF CALIFORNIA, INC. 31-1154200 15 HUMANA HEALTH PLAN OF OHIO, INC. 31-1154200 16 HUMANA HEALTH PLAN OF OT EXAS, INC. 61-0994632 17 HUMANA HEALTH PLAN, INC. 61-1013183 18 HUMANA MEDICAL PLAN, INC. 20-8411422 19 HUMANA MEDICAL PLAN, INC. 61-1103898 20 HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO. 39-1525003 21 PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC. 62-1546662 22 THE DENTAL CONCERN, INC. 52-1157181 23 THE DENTAL CONCERN, INC. 52-1157181 24 CARITEN INSURANCE COMPANY 62-0729865 25 COMPBENEFITS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY 31-0935772 27 HUMANA INSURANCE COMPANY 39-1263473 29 HUMANA INSURANCE COMPANY OF KENTUCKY 61-1311685 31 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 32 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 33 INC. <td< td=""><td>12</td><td></td><td>58-2209549</td></td<>	12		58-2209549
15 HUMANA HEALTH PLAN OF OHIO, INC. 31-1154200 16 HUMANA HEALTH PLAN OF TEXAS, INC. 61-0994632 17 HUMANA HEALTH PLAN, INC. 61-1013183 18 HUMANA MEDICAL PLAN OF UTAH, INC. 20-8411422 19 HUMANA MEDICAL PLAN, INC. 61-1103898 20 HUMANA MISCONSIN HEALTH ORGANIZATION INSURANCE CO. 39-1525003 21 PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC. 62-1546662 22 THE DENTAL CONCERN, ICTD 36-3654697 24 CARTIEN INSURANCE COMPANY 36-3654697 25 COMPBENEFITS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY 31-0935772 27 HUMANA INSURANCE COMPANY 31-0935772 28 HUMANA INSURANCE COMPANY 39-1263473 29 HUMANA INSURANCE COMPANY OF KENTUCKY 61-1311685 30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 32 MANAGED CARE INDEMNITY, INC 61-1232669 516-526 WEST MAIN STREET CONDOMINIUM COUNCIL O	13	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	72-1279235
16 HUMANA HEALTH PLAN (INC. 61-103183 17 HUMANA MEDICAL PLAN (INC. 20-8411422 19 HUMANA MEDICAL PLAN (INC. 61-1103898 20 HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO. 39-1525003 21 PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC. 62-1546662 22 THE DENTAL CONCERN, INC. 52-1157181 23 THE DENTAL CONCERN, LTD 36-3654697 24 CARITEN INSURANCE COMPANY 62-0729865 25 COMPBENEFITS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY 31-0935772 27 HUMANA HEALTH INSURANCE COMPANY 31-0935772 27 HUMANA INSURANCE COMPANY 39-1263473 39 HUMANA INSURANCE COMPANY 39-1263473 30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANA INSURANCE COMPANY OF NEW YORK 20-288723 32 MANAGED CARE INDEMNITY, INC. 516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, 33 INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, L	14	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
17 HUMANA MEDICAL PLAN OF UTAH, INC. 20-8411422 19 HUMANA MEDICAL PLAN, INC. 61-110388 20 HUMANA MEDICAL PLAN, INC. 61-1103898 21 PREFERRD HEALTH PARTNERSHIP OF TENNESSEE, INC. 62-1546662 22 THE DENTAL CONCERN, INC. 52-1157181 23 THE DENTAL CONCERN, INC. 52-1157181 24 CARITEN INSURANCE COMPANY 62-0729865 25 COMPBENEFITS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY 31-0935772 27 HUMANA HEALTH INSURANCE COMPANY 31-0935772 28 HUMANA INSURANCE COMPANY 39-1263473 29 HUMANA INSURANCE COMPANY OF KENTUCKY 61-1311685 30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 32 MANAGED CARE INDEMNITY, INC. 61-1232669 516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, 1NC. 33 INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 <td>15</td> <td>HUMANA HEALTH PLAN OF OHIO, INC.</td> <td>31-1154200</td>	15	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
18 HUMANA MEDICAL PLAN, INC. 61-1103898 20 HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO. 39-1525003 21 PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC. 62-1546662 22 THE DENTAL CONCERN, INC. 52-1157181 23 THE DENTAL CONCERN, LTD 36-3654697 24 CARITEN INSURANCE COMPANY 62-0729865 25 COMPBENEFITS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY 31-0935772 27 HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC. 61-1041514 28 HUMANA INSURANCE COMPANY 39-1263473 29 HUMANA INSURANCE COMPANY OF KENTUCKY 61-1311685 30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANA INSURANCE COMPANY 39-0714280 32 MANAGED CARE INDEMNITY, INC. 61-1232669 33 INC. 61-1232669 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS OF GEORGIA, INC. 58-2228851 36 COMPEDENEFITS OF GEORGIA, INC. <td< td=""><td>16</td><td>HUMANA HEALTH PLAN OF TEXAS, INC.</td><td>61-0994632</td></td<>	16	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632
19 HUMANA MEDICAL PLAN, INC. 61-1103898 20 HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO. 39-1525003 21 PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC. 62-1546662 22 THE DENTAL CONCERN, INC. 52-1157181 23 THE DENTAL CONCERN, LTD 36-3654697 24 CARITEN INSURANCE COMPANY 62-0729865 25 COMPBENEFITS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY 31-0935772 27 HUMANA HEALTH INSURANCE COMPANY 31-0935772 28 HUMANA INSURANCE COMPANY 39-1263473 29 HUMANA INSURANCE COMPANY OF KENTUCKY 61-1311685 30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 32 MANAGED CARE INDEMNITY, INC. 61-1232669 316-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, 10-1232669 33 INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS OF GEORGIA, INC.	17	HUMANA HEALTH PLAN, INC.	61-1013183
20 HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO. 39-1525003 21 PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC. 62-1546662 22 THE DENTAL CONCERN, INC. 36-3654697 24 CARITEN INSURANCE COMPANY 62-0729865 25 COMPBENEFITS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY 31-0935772 27 HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC. 61-1041514 28 HUMANA INSURANCE COMPANY 39-1263473 29 HUMANA INSURANCE COMPANY OF KENTUCKY 61-1311685 30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANA DENTAL INSURANCE COMPANY 39-0714280 32 MANAGED CARE INDEMNITY, INC. 61-1232669 316-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, 31 33 INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIRECT, INC. 58-2196538 36 COMPBENEFITS OF GEORGIA, INC. 58-229851 37 CORPHEALTH, INC.	18	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
21 PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC. 62-1546662 22 THE DENTAL CONCERN, INC. 52-1157181 23 THE DENTAL CONCERN, LTD 36-3654697 24 CARITEN INSURANCE COMPANY 62-0729865 25 COMPBENEFITS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY 31-0935772 27 HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC. 61-1041514 28 HUMANA INSURANCE COMPANY 39-1263473 29 HUMANA INSURANCE COMPANY OF KENTUCKY 61-1311685 30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANADED CARE INDEMNITY, INC. 61-1232669 316-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, 1INC. 33 INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIFECT, INC. 58-2228851 36 COMPBENEFITS OF GEORGIA, INC. 58-228851 37 CORPHEALTH, INC. 58-2296045 38 CORPHEALTH, INC. 36-3512545 40 DENTAL CARE PLUS MANAGEMENT, INC. 58-2296049 <	19	HUMANA MEDICAL PLAN, INC.	61-1103898
22 THE DENTAL CONCERN, INC. 52-1157181 23 THE DENTAL CONCERN, LTD 36-3654697 24 CARITEN INSURANCE COMPANY 62-0729865 25 COMPBENEFITS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY 31-0935772 27 HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC. 61-1041514 28 HUMANA INSURANCE COMPANY 39-1263473 29 HUMANA INSURANCE COMPANY OF KENTUCKY 61-1311685 30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANAJDENTAL INSURANCE COMPANY 39-0714280 32 MANAGED CARE INDEMNITY, INC. 61-1232669 316-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, 1NC. 33 INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIRECT, INC. 58-2196538 36 COMPBENEFITS OF GEORGIA, INC. 58-2196538 37 CORPHEALTH PROVIDER LINK, INC. 75-2043865 38 CORPHEALTH PROVIDER LINK, INC. 33-0916248	20	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO.	39-1525003
23 THE DENTAL CONCERN, LTD 36-3654697 24 CARITEN INSURANCE COMPANY 62-0729865 25 COMPBENETIS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY 31-0935772 27 HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC. 61-1041514 28 HUMANA INSURANCE COMPANY 39-1263473 29 HUMANA INSURANCE COMPANY OF KENTUCKY 61-1311685 30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANADENTAL INSURANCE COMPANY 39-0714280 32 MANAGED CARE INDEMNITY, INC. 61-1232669 516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, 1NC. 31 INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIRECT, INC. 58-2228851 36 COMPBENEFITS OF GEORGIA, INC. 58-2228851 37 CORPHEALTH, INC. 20-836655 38 CORPHEALTH, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, INC. 33-0916248 40	21	PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC.	62-1546662
24 CARITEN INSURANCE COMPANY 62-0729865 25 COMPBENEFITS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY 31-0935772 27 HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC. 61-1041514 28 HUMANA INSURANCE COMPANY 39-1263473 29 HUMANA INSURANCE COMPANY OF KENTUCKY 61-1311685 30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANADENTAL INSURANCE COMPANY 39-0714280 32 MANAGED CARE INDEMNITY, INC. 61-1232669 516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIRECT, INC. 58-2228851 36 COMPBENEFITS OF GEORGIA, INC. 58-2196538 37 CORPHEALTH PROVIDER LINK, INC. 20-8236655 38 CORPHEALTH, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, INC. 33-0916248 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA A	22	THE DENTAL CONCERN, INC.	52-1157181
25 COMPBENEFITS INSURANCE COMPANY 74-2552026 26 EMPHESYS INSURANCE COMPANY 31-0935772 27 HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC. 61-1041514 28 HUMANA INSURANCE COMPANY OF KENTUCKY 61-1311685 30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANADENTAL INSURANCE COMPANY 39-0714280 32 MANAGED CARE INDEMNITY, INC. 61-1232669 516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIRECT, INC. 58-2228851 36 COMPBENEFITS OF GEORGIA, INC. 58-2196538 37 CORPHEALTH PROVIDER LINK, INC. 20-8236655 38 CORPHEALTH, INC. 75-2043865 39 DEFENSEWEB TECHNOLOGIES, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 61-1343791 45	23	THE DENTAL CONCERN, LTD	36-3654697
26 EMPHESYS INSURANCE COMPANY 31-0935772 27 HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC. 61-1041514 28 HUMANA INSURANCE COMPANY 39-1263473 29 HUMANA INSURANCE COMPANY OF KENTUCKY 61-1311685 30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANADENTAL INSURANCE COMPANY 39-0714280 32 MANAGED CARE INDEMNITY, INC. 61-1232669 516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIRECT, INC. 58-2228851 36 COMPBENEFITS OF GEORGIA, INC. 58-2196538 37 CORPHEALTH PROVIDER LINK, INC. 20-8236655 38 CORPHEALTH, INC. 75-2043865 39 DEFENSEWEB TECHNOLOGIES, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 61-1343791 45 HUMANA	24	CARITEN INSURANCE COMPANY	62-0729865
27 HUMANA HEALTH INSURANCE COMPANY 61-1041514 28 HUMANA INSURANCE COMPANY 39-1263473 29 HUMANA INSURANCE COMPANY OF KENTUCKY 61-1311685 30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANADENTAL INSURANCE COMPANY 39-0714280 32 MANAGED CARE INDEMNITY, INC. 61-1232669 516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, 10-52669 33 INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIRECT, INC. 58-2228851 36 COMPBENEFITS OF GEORGIA, INC. 58-2196538 37 CORPHEALTH, INC. 20-8236655 38 CORPHEALTH, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 61-1343508 44 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1343508 46 HUMANA MILITARY PHARMACY SERVICES, INC. 61-1316926 <td>25</td> <td>COMPBENEFITS INSURANCE COMPANY</td> <td>74-2552026</td>	25	COMPBENEFITS INSURANCE COMPANY	74-2552026
28 HUMANA INSURANCE COMPANY 39-1263473 29 HUMANA INSURANCE COMPANY OF KENTUCKY 61-1311685 30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANADENTAL INSURANCE COMPANY 39-0714280 32 MANAGED CARE INDEMNITY, INC. 61-1232669 516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, 1NC. 33 INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIRECT, INC. 58-2228851 36 COMPBENEFITS OF GEORGIA, INC. 58-2196538 37 CORPHEALTH PROVIDER LINK, INC. 20-8236655 38 CORPHEALTH, INC. 75-2043865 39 DEFENSEWBE TECHNOLOGIES, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-123418 43 HUMANA ACTIVE OUTLOOK, INC. 61-1343508 44 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1343508 45 HUMANA MILITARY PHARMACY SERVICES, INC. 61-1345	26	EMPHESYS INSURANCE COMPANY	31-0935772
29 HUMANA INSURANCE COMPANY OF KENTUCKY 61-1311685 30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANADENTAL INSURANCE COMPANY 39-0714280 32 MANAGED CARE INDEMNITY, INC. 61-1232669 516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, 10C. 33 INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIRECT, INC. 58-2228851 36 COMPBENEFITS OF GEORGIA, INC. 58-2196538 37 CORPHEALTH PROVIDER LINK, INC. 20-8236655 38 CORPHEALTH, INC. 75-2043865 39 DEFENSEWBE TECHNOLOGIES, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA COUNCATION ENTERPRISES, INC. 61-1343791 44 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1343508 46 HUMANA MILITARY PHARMACY SERVICES, INC. 61-1316926 49 HUMANA VETERANS HEALTHCARE SERVICES, I	27	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
30 HUMANA INSURANCE COMPANY OF NEW YORK 20-2888723 31 HUMANADENTAL INSURANCE COMPANY 39-0714280 32 MANAGED CARE INDEMNITY, INC. 61-1232669 516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIRECT, INC. 58-2228851 36 COMPBENEFITS OF GEORGIA, INC. 58-2196538 37 CORPHEALTH PROVIDER LINK, INC. 20-8236655 38 CORPHEALTH, INC. 75-2043865 39 DEFENSEWEB TECHNOLOGIES, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 20-4835394 44 HUMANA MARKETPOINT, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY PHARMACY SERVICES, INC. 61-1241225 47 HUMANA PHARMACY, INC. 61-1316926 49 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental &	28	HUMANA INSURANCE COMPANY	39-1263473
31 HUMANADENTAL INSURANCE COMPANY 32 MANAGED CARE INDEMNITY, INC. 516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, 33 INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIRECT, INC. 58-2228851 36 COMPBENEFITS OF GEORGIA, INC. 58-2196538 37 CORPHEALTH PROVIDER LINK, INC. 20-8236655 38 CORPHEALTH, INC. 75-2043865 39 DEFENSEWEB TECHNOLOGIES, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 58-2296049 44 HUMANA ACTIVE OUTLOOK, INC. 51-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-134508 46 HUMANA MILITARY PHARMACY SERVICES, INC. 61-1316926 49 HUMANA VETERANS HEALTHCARE SERVICES, INC. 59-1843760	29	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685
32 MANAGED CARE INDEMNITY, INC. 61-1232669 516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIRECT, INC. 58-2228851 36 COMPBENEFITS OF GEORGIA, INC. 58-2196538 37 CORPHEALTH PROVIDER LINK, INC. 20-8236655 38 CORPHEALTH, INC. 75-2043865 39 DEFENSEWEB TECHNOLOGIES, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 20-4835394 44 HUMANA INNOVATION ENTERPRISES, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1241225 47 HUMANA MILITARY PHARMACY SERVICES, INC. 61-1316926 49 HUMANA VETERANS HEALTHCARE SERVICES, INC. 20-8418853 50 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760	30	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, 20-5309363 33 INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIRECT, INC. 58-2228851 36 COMPBENEFITS OF GEORGIA, INC. 58-2196538 37 CORPHEALTH PROVIDER LINK, INC. 20-8236655 38 CORPHEALTH, INC. 75-2043865 39 DEFENSEWEB TECHNOLOGIES, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 20-4835394 44 HUMANA INNOVATION ENTERPRISES, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1241225 47 HUMANA MILITARY PHARMACY SERVICES, INC. 20-1717441 48 HUMANA VETERANS HEALTHCARE SERVICES, INC. 61-1316926 49 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760	31	HUMANADENTAL INSURANCE COMPANY	39-0714280
33 INC. 20-5309363 34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIRECT, INC. 58-2228851 36 COMPBENEFITS OF GEORGIA, INC. 58-2196538 37 CORPHEALTH PROVIDER LINK, INC. 20-8236655 38 CORPHEALTH, INC. 75-2043865 39 DEFENSEWEB TECHNOLOGIES, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 20-4835394 44 HUMANA INNOVATION ENTERPRISES, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1241225 47 HUMANA MILITARY PHARMACY SERVICES, INC. 20-1717441 48 HUMANA VETERANS HEALTHCARE SERVICES, INC. 20-8418853 50 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760	32		61-1232669
34 CAC-FLORIDA MEDICAL CENTERS, LLC 26-0010657 35 COMPBENEFITS DIRECT, INC. 58-2228851 36 COMPBENEFITS OF GEORGIA, INC. 58-2196538 37 CORPHEALTH PROVIDER LINK, INC. 20-8236655 38 CORPHEALTH, INC. 75-2043865 39 DEFENSEWEB TECHNOLOGIES, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 20-4835394 44 HUMANA INNOVATION ENTERPRISES, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1241225 47 HUMANA MILITARY PHARMACY SERVICES, INC. 20-1717441 48 HUMANA VETERANS HEALTHCARE SERVICES, INC. 61-1316926 49 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760	33		20-5309363
35 COMPBENEFITS DIRECT, INC. 58-2228851 36 COMPBENEFITS OF GEORGIA, INC. 58-2196538 37 CORPHEALTH PROVIDER LINK, INC. 20-8236655 38 CORPHEALTH, INC. 75-2043865 39 DEFENSEWEB TECHNOLOGIES, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 20-4835394 44 HUMANA INNOVATION ENTERPRISES, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1241225 47 HUMANA MILITARY PHARMACY SERVICES, INC. 20-1717441 48 HUMANA PHARMACY, INC. 61-1316926 49 HUMANA VETERANS HEALTHCARE SERVICES, INC. 20-8418853 50 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760			
36 COMPBENEFITS OF GEORGIA, INC. 58-2196538 37 CORPHEALTH PROVIDER LINK, INC. 20-8236655 38 CORPHEALTH, INC. 75-2043865 39 DEFENSEWEB TECHNOLOGIES, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 20-4835394 44 HUMANA INNOVATION ENTERPRISES, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1241225 47 HUMANA MILITARY PHARMACY SERVICES, INC. 20-1717441 48 HUMANA PHARMACY, INC. 61-1316926 49 HUMANA VETERANS HEALTHCARE SERVICES, INC. 20-8418853 50 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760			
37 CORPHEALTH PROVIDER LINK, INC. 20-8236655 38 CORPHEALTH, INC. 75-2043865 39 DEFENSEWEB TECHNOLOGIES, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 20-4835394 44 HUMANA INNOVATION ENTERPRISES, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1241225 47 HUMANA MILITARY PHARMACY SERVICES, INC. 20-1717441 48 HUMANA PHARMACY, INC. 61-1316926 49 HUMANA VETERANS HEALTHCARE SERVICES, INC. 20-8418853 50 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760		·	
38 CORPHEALTH, INC. 75-2043865 39 DEFENSEWEB TECHNOLOGIES, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 20-4835394 44 HUMANA INNOVATION ENTERPRISES, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1241225 47 HUMANA MILITARY PHARMACY SERVICES, INC. 20-1717441 48 HUMANA PHARMACY, INC. 61-1316926 49 HUMANA VETERANS HEALTHCARE SERVICES, INC. 20-8418853 50 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760			
39 DEFENSEWEB TECHNOLOGIES, INC. 33-0916248 40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 20-4835394 44 HUMANA INNOVATION ENTERPRISES, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1241225 47 HUMANA MILITARY PHARMACY SERVICES, INC. 20-1717441 48 HUMANA PHARMACY, INC. 61-1316926 49 HUMANA VETERANS HEALTHCARE SERVICES, INC. 20-8418853 50 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760			
40 DENTAL CARE PLUS MANAGEMENT, CORP. 36-3512545 41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 20-4835394 44 HUMANA INNOVATION ENTERPRISES, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1241225 47 HUMANA MILITARY PHARMACY SERVICES, INC. 20-1717441 48 HUMANA PHARMACY, INC. 61-1316926 49 HUMANA VETERANS HEALTHCARE SERVICES, INC. 20-8418853 50 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760			
41 DENTAL HEALTH MANAGEMENT, INC. 58-2296049 42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 20-4835394 44 HUMANA INNOVATION ENTERPRISES, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1241225 47 HUMANA MILITARY PHARMACY SERVICES, INC. 20-1717441 48 HUMANA PHARMACY, INC. 61-1316926 49 HUMANA VETERANS HEALTHCARE SERVICES, INC. 20-8418853 50 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760			
42 HEALTH VALUE MANAGEMENT, INC. 61-1223418 43 HUMANA ACTIVE OUTLOOK, INC. 20-4835394 44 HUMANA INNOVATION ENTERPRISES, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1241225 47 HUMANA MILITARY PHARMACY SERVICES, INC. 20-1717441 48 HUMANA PHARMACY, INC. 61-1316926 49 HUMANA VETERANS HEALTHCARE SERVICES, INC. 20-8418853 50 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760			
43 HUMANA ACTIVE OUTLOOK, INC. 20-4835394 44 HUMANA INNOVATION ENTERPRISES, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1241225 47 HUMANA MILITARY PHARMACY SERVICES, INC. 20-1717441 48 HUMANA PHARMACY, INC. 61-1316926 49 HUMANA VETERANS HEALTHCARE SERVICES, INC. 20-8418853 50 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760		·	
44 HUMANA INNOVATION ENTERPRISES, INC. 61-1343791 45 HUMANA MARKETPOINT, INC. 61-1343508 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 61-1241225 47 HUMANA MILITARY PHARMACY SERVICES, INC. 20-1717441 48 HUMANA PHARMACY, INC. 61-1316926 49 HUMANA VETERANS HEALTHCARE SERVICES, INC. 20-8418853 50 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760		•	
 HUMANA MARKETPOINT, INC. HUMANA MILITARY HEALTHCARE SERVICES, INC. HUMANA MILITARY PHARMACY SERVICES, INC. HUMANA MILITARY PHARMACY SERVICES, INC. HUMANA PHARMACY, INC. HUMANA VETERANS HEALTHCARE SERVICES, INC. HUMANA VETERANS HEALTHCARE SERVICES, INC. HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760 			
 46 HUMANA MILITARY HEALTHCARE SERVICES, INC. 47 HUMANA MILITARY PHARMACY SERVICES, INC. 48 HUMANA PHARMACY, INC. 49 HUMANA VETERANS HEALTHCARE SERVICES, INC. 50 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760 			
47HUMANA MILITARY PHARMACY SERVICES, INC.20-171744148HUMANA PHARMACY, INC.61-131692649HUMANA VETERANS HEALTHCARE SERVICES, INC.20-841885350HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision)59-1843760			
48HUMANA PHARMACY, INC.61-131692649HUMANA VETERANS HEALTHCARE SERVICES, INC.20-841885350HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision)59-1843760			
 49 HUMANA VETERANS HEALTHCARE SERVICES, INC. 50 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760 			
50 HUMANA/COMPBENEFITS, INC. (fka CompBenefits Dental & Vision) 59-1843760			
* * * *		· · · · · · · · · · · · · · · · · · ·	

52	HUM-e-FL, INC.	61-1383567
53	INFOCUS TECHNOLOGY, INC.	42-1575099
54	PREFERRED HEALTH PARTNERSHIP, INC.	62-1250945
55	PRESERVATION ON MAIN, INC.	20-1724127
56	TEXAS DENTAL PLANS, INC.	74-2352809
57	ULTIMATE OPTICAL, INC.	65-0856480
58	CARENETWORK, INC.	39-1514846
59	CHA SERVICE COMPANY, INC.	61-1279716
60	COMPBENEFITS CORPORATION	04-3185995
61	CPHP HOLDINGS, INC.	30-0117876
62	EMPHESYS, INC.	61-1237697
63	HUMANA HEALTH PLAN INTERESTS, INC.	71-0732385
64	HUMANA INC.	61-0647538
65	HUMANACARES, INC. (fka OHS, Inc.)	65-0274594
66	HUMANADENTAL, INC.	61-1364005
67	HUM-HOLDINGS INTERNATIONAL, INC.	26-3583438
68	KMG AMERICA CORPORATION	20-1377270
69	PHP COMPANIES, INC.	62-1552091

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

The Company has a management contract with Humana and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2008 and 2007 were approximately \$7.7 million and \$8.4 million respectively.

As a part of this agreement, Humana makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. Humana is reimbursed by the Company weekly, based upon historical pattern of amounts and timing. Each month, these estimates are adjusted to ultimately settle upon actual disbursements made on behalf of the Company. As a result, any residual inter-Company balances are immediately settled in the following month. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana not be able to fulfill its obligations.

Dividends of \$25.0 million were paid to Humana Inc. on May 29, 2008. The Department of Insurance was notified prior to the payment of this dividend.

11. <u>Debt</u>

A. Capital Notes

The Company has no capital notes outstanding.

B. All other Debt

The Company has no debentures outstanding.

The Company does not have any reverse repurchase agreements.

- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
 - A. Defined Benefit Plan

Not Applicable.

B. Defined Contribution Plan

Not Applicable.

C. Multiemployer Plans

Not Applicable.

D. Consolidated/Holding Company Plans

The Company employees are eligible to participate in the Humana Retirement and Savings Plan ("the Plan"), a defined contribution plan, sponsored by Humana Inc. The Plan maintains two accounts, the Savings Account and the Retirement Account.

Humana Inc.'s total contributions paid to the Savings and Retirement accounts of the Humana Retirement and Savings Plan were \$78.0 million for 2008. Of these contributions, the Company contributed \$1.7 million and \$1.5 million during 2008 and 2007, respectively. As of December 31, 2008 the fair market value of the Humana Retirement and Savings Plan's assets was \$1.0 billion.

E. Post Employment Benefits and Compensated Absences

Not Applicable.

F. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not Applicable

- 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
 - 1) The Company has \$25,000 par value common stock with 300 shares authorized and 104 shares issued and outstanding.
 - 2) The Company has no preferred stock outstanding.
 - The State of Wisconsin insurance laws and regulations require that any dividend together with other dividends paid in the preceding 12 months that exceed the lesser of (1) 10.0 percent of statutory surplus at the end of the prior year or (2) the total net gain from operations of the insurer for the preceding calendar year, less realized capital gains each year, is deemed "extraordinary" and must receive the prior written approval of the Department of Insurance.
 - 4) An ordinary dividend in the amount of \$25.0 million on May 29, 2008 was paid by the Company.
 - 5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
 - 6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
 - 7) Not Applicable.
 - 8) Not Applicable.
 - 9) Not Applicable.
 - 10) Not Applicable.
 - 11) Not Applicable.
 - 12) Not Applicable.
 - 13) Not Applicable.

14. Contingencies

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits

Not Applicable.

E. All Other Contingencies

During the ordinary course of business, the Company is subject to pending and threatened legal actions. Management of the Plan does not believe that any of these actions will have a material adverse effect on the Company's surplus, results of operations or cash flows. However, the likelihood or outcome of current or future legal proceedings cannot be accurately predicted, and they could adversely affect the Company's surplus, results of operations and cash flows.

The Company is not aware of any other material contingent liabilities as of December 31, 2008

15. Leases

A. Lessee Operating Lease

- 1) The Company has entered into operating leases for medical and administrative office space and equipment with lease terms ranging from one to ten years. Operating lease rental payments charged to expenses for the years ended December 31, 2008 and 2007 was approximately \$2.5 million and \$2.1 million, respectively.
- 2) Noncancelable Lease Terms:
 - a. At January 1, 2009, the minimum aggregate rental commitments are as follows:

Year ending December 31,

2009	\$	3,205,891
2010		2,240,697
2011		1,229,019
2012		922,981
2013		421,665
2014 and thereafter		129,459
Total Minimum Lease Payments	\$	8,149,412

- b. Certain rental commitments have renewal options extending through the year 2022. Some of these renewals are subject to adjustments in future periods.
- 3) The Company is not involved in any sales leaseback transactions.
- B. Other Leases

Not Applicable

- Information about Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentration of Credit Risk
 - 1) The Company has no investment in Financial Instruments with Off Balance Sheet Risk.
 - 2) The Company has no investment in Financial Instruments with Concentration Credit Risk.
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
 - A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

The Company participates in a securities lending program of select invested assets. As of December 31, 2008, securities totaling \$6.0 million were loaned under this program. Due to recent financial market turmoil, certain assets held off balance sheet in conjunction with this program were determined to be impaired at September 30, 2008. As a result of this impairment, the net liability of \$437.5 thousand related to this security lending program has been accrued. This represents the shortfall of assets held under the program versus the continuing liability to return the full value of cash collateral.

C. Wash Sales

Not Applicable.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2008:

		(1)			(2)	(3)	
		ASO Uninsured Plans		Uninsured Portion of Partially Insured Plans		Total ASO	
a.	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$	6,544,226	\$	_	\$	6,544,226
b.	Total net other income or expenses (including interest paid to or received from plans)	\$	(5,663,010)	\$	-	\$	(5,663,010)
c.	Net gain or (loss) from operations	\$	881,216	\$	-	\$	881,216
d.	Total claim payment volume	\$	157,795,183	\$	-	\$	157,795,183

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

Not Applicable.

19. <u>Direct Premium Written/Produced by Managing General Agents/Third Party Administrators</u>

Not Applicable.

- 20. Other Items
 - A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring

Not Applicable.

C. Other Disclosures

Not Applicable.

D. Disclose the nature of any portion of the balance that is reasonably possible to be uncollectible for assets covered by SSAP No. 6, Uncollected Premium Balances, Bill Receivable for Premiums, and Amounts Due From Agents and Brokers, SSAP No. 47, Uninsured Plans, or SSAP No. 66, Retrospectively Rated Contracts.

Not Applicable.

E. Business Interruption Insurance Recoveries

Not Applicable.

F. State Transferable Tax Credits

Not Applicable.

G. Hybrid Securities

Not Applicable.

- H. Subprime Mortgage Related Risk Exposure
 - (1) Direct exposure through investments in sub-prime mortgage loans.

The Company has no direct exposure through investment to sub-prime mortgage loans.

- (2) Indirect exposure to sub-prime mortgage risk through investments in the following securities:
 - a. Residential mortgage backed securities No substantial exposure noted.
 - b. Collateralized debt obligations No substantial exposure noted.
 - c. Structured Securities (including principal protected notes) No substantial exposure noted.
 - d. Debt Securities of companies with significant sub-prime exposure No substantial exposure noted
 - e. Equity securities of companies with significant sub-prime exposure No substantial exposure noted.
 - f. Other Assets No substantial exposure noted.
- (3) Underwriting exposure to sub-prime mortgage risk through Mortgage Guaranty coverage, Financial Guaranty coverage, Directors and Officers liability coverage, or Errors and Omissions liability coverage.

Not Applicable.

(4) Classification of mortgage related securities is primarily based on information from outside data services, including rating agency actions. When considering our exposure, the Company evaluated the percentage of full documentation loans, percent of owner occupied properties, FICO scores, average margin for ARM loans, percent of loans with prepayment penalties, the existence of non-traditional underwriting standards, among other factors.

21. Events Subsequent

The Company is not aware of any events occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition.

- 22. Reinsurance
 - A. Ceded Reinsurance Report

Section 1 - General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10.0 percent or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes () No (X)

If yes, give full details.

(2) Have any policies issued by the Company been reinsured with a Company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10.0 percent or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

If yes, give full details.

Section 2 - Ceded Reinsurance Report - Part A

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes() No(X)

- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$0
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected

in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes() No(X)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$0

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

23. Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not Applicable.

24. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2007 were \$13.7 million. As of December 31, 2008, \$12.1 million has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0.7 million as a result of reestimation of unpaid losses and loss adjustment expenses principally on the dental line of business. Therefore, there has been a \$0.9 million favorable prior-year development since December 31, 2007. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The Company has no retrospectively rated group insurance policies. The Company does have Medicare Part D business that may require experience rated refunds.

25. InterCompany Pooling Arrangements

Not Applicable.

26. Structured Settlements

Not Applicable.

27. Health Care Receivables

A. Pharmaceutical Rebate Receivables

	Est	imate Pharmacy	Phai	Pharmacy Rebates				Actual Rebates		Actual Rebates	
	Reb	ates as Reported	а	as Billed or		Actual Rebates		Received Within		Received More	
		on Financial		Otherwise	Received Within		91 t	o 180 Days of	than 181 Days after		
Quarter		Statements	(Confirmed	90 I	Days of Billing		Billing	Billing		
12/31/2008	\$	-	\$	-	\$	-					
9/30/2008	\$	-	\$	-	\$	-					
6/30/2008	\$	-	\$	-	\$	-					
3/31/2008	\$	84	\$	84	\$	84					
12/31/2007	\$	30	\$	30	\$	-	\$	-	\$	-	
9/30/2007	\$	31	\$	31	\$	31	\$	-	\$	-	
6/30/2007	\$	3,257	\$	3,257	\$	3,257	\$	-	\$	-	
3/31/2007	\$	3,883	\$	3,883	\$	3,883	\$	-	\$	-	
12/31/2006	\$	5,071	\$	5,071	\$	5,071	\$	-	\$	-	

B. Risk Sharing Receivables

Not Applicable.

28. Participating Policies

For the reporting year ended 2008, premiums under individual and group life participating policies were \$66,224, or 0.95% of total individual and group life premiums earned. The Company accrues dividends when declared by the Board of Directors. The Company paid dividends in the amount of \$150,251 to policyholders, and did not allocate any additional income to policyholders.

The Company does not have any participating accident & health policies.

29. Premium Deficiency Reserves

As of December 31, 2008, the Company had no liabilities related to premium deficiency reserves. The Company did not consider anticipated investment income when calculating its premium deficiency reserves. The Company did recognize the time value of money by discounting future losses at an annual interest rate of 1.5 percent.

30. Reserves for Life Contracts and Annuity Contracts

- a. The Company waives deduction of deferred fractional premium upon death of the insured and returns any portion of the final premium beyond the month of death. The Company has certain surrender values in excess of the legally computed reserves which are included in the various lines of Exhibit 5.
- b. The method used in the valuation of substandard policies is based on the normal tabular reserves plus one half of the annual substandard extra premium.
- c. As of December 31, 2008, the Company had no life insurance in force for which the gross premiums were less than the net premiums according to the standard valuation set by the State of Wisconsin.
- d. Tabular Interest (Page 7, Line 4) has been determined by formula as described in the instructions for Page 7.

Tabular Less Actual Reserve Released (Page 7, Line 5) has been determined by formula as described in the instructions for Page 7.

Tabular Cost (Page 7, Line 9) has been determined by formula as described in the instructions for Page 7.

e. For the determination of Investment Earnings on funds not involving life contingencies under Exhibit 7, Line 3, for each valuation rate of interest the tabular interest is calculated as one-hundredth of the product of such valuation rate of interest times the mean of the amount of funds subject to such valuation rate of interest held at the beginning and end of the year of valuation. The total amount of all such products is entered under Exhibit 7, Line 3.

31. Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics

Included in the following analysis are actuarial reserves for annuities, other than disability annuities, and deposit liabilities. The Company has annuities and supplementary contracts with life contingencies (Exhibit 5), and supplementary contracts without life contingencies (Exhibit 7). The Company has no Separate Accounts.

Reserves have been separated by withdrawal characteristics. Total annuity reserves, net of reinsurance, are zero.

Withdrawal Characteristics of Annuity Actuarial Reserves and Deposit-type Contract Funds and Other Liabilities Without Life or Disability Contingencies

			(1)	(2)
			Amount	% of Total
A.	Subject to discretionary withdrawal:			
А.	(1) With fair value adjustment	\$		
	(2) At book value less surrender charge	Ψ		
	(3) At fair value			
	(4) Total with adjustment or at market value			
	(Total of 1 through 3)			
	(5) At book value without adjustment		101,378,400	92.3%
	(minimal or no charge or adjustment)		, ,	
B.	Not subject to discretionary withdrawal		8,596,157	7.7%
C.	Total (gross)	\$	109,974,557	100.0%
D.	Reinsurance ceded	\$	109,974,557	100.0%
E.	Total $(net)^*(C) - (D)$	\$	-	.0%
*	Decembriation of total amounts actually account and de-	::4 C :	1 1:=1::1::4:==	
F.	Reconciliation of total annuity actuarial reserves and del Life & Accident & Health Annual Statement	posit func	i nabinues	
г. 1.	Exhibit 5, Annuities Section, Total (net)	\$		
2.	Exhibit 5, Amultius Section, Total (net) Exhibit 5, Supplementary Contracts With	Ф	-	
۷.	Life Contingencies Section, Total (net)			
3.	Exhibit 7, Deposit Type Contracts, line 14, Column 1			
4.	Subtotal	\$	_	
٠.	Separate Accounts Annual Statement	Ψ		
5.	Exhibit 3, Line 299999, Column 2	\$	_	
6.	Exhibit 3, Line 399999, Column 2	Ψ	_	
7.	Policyholder dividend and coupon accumulations		_	
8.	Policyholder premiums		_	
9.	Guaranteed interest contracts		_	
10.	Other contract deposit funds		_	
11.	Subtotal		-	
12.	Combined Total	\$	-	

32. Premium and Annuity Considerations Deferred and Uncollected

The Company has no deferred life insurance premiums and no deferred and uncollected annuity considerations as of December 31, 2008.

33. Separate Accounts

Not Applicable.

NOTES TO FINANCIAL STATEMENTS

34. Loss/Claim Adjustment Expenses

The balance in the liability for unpaid accident and health claim adjustment expenses as of December 31, 2007 and December 31, 2008 was \$481,000 and \$325,000, respectively. HumanaDental Insurance Company incurred \$5.3 million and paid \$5.5 million of claim adjustment expenses in calendar year 2008, of which \$425,000 of the paid amount was attributable to insured or covered events of prior years. The Company did not increase or decrease the provision for insured events of prior years. HumanaDental Insurance Company did not reduce the liability for unpaid claims/losses for estimated salvage and subrogation.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Is the reporti		Yes [Х]	No	[]	
1.2	If yes, did the regulatory of disclosure so Insurance H standards are	ng el to	[X] No [] NA	[]	
1.3	State Regula	ting?	W	isconsin			
2.1	Has any cha	inge been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement ity?	of the	Yes [
2.2	If yes, date o	f change:					
3.1	State as of w	hat date the latest financial examination of the reporting entity was made or is being made.			1	12/31	/2005
3.2	State the as date should l	of date that the latest financial examination report became available from either the state of domicile or the reporting entit be the date of the examined balance sheet and not the date the report was completed or released.	y. This		1	12/31	/2005
3.3	State as of v the reporting date).	sheet		()4/11	/2007	
3.4		artment or departments? Wisconsin Department of Insurance					
3.5	Have all fina	ancial statement adjustments within the latest financial examination report been accounted for in a subsequent financi and with departments?	al	[X] No [] NA	[]
3.6		re recommendations within the latest financial examination report been complied with?					-
4.1	During the p combination a substantial	or any control	Yes [[X]	
		4.11 sales of new business?		Yes [•		. ,
4.2	receive cred	eriod covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an a it or commissions for or control a substantial part (more than 20 percent of any major line of business measured on	ffiliate,	100 [,		[]
	premiums) o	r: 4.21 sales of new business?		Yes [1	No	[X]
			Yes []	No	[X]	
5.1	Has the repo	rting entity been a party to a merger or consolidation during the period covered by this statement?		Yes [1	No	[X]
5.2		le the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity thist as a result of the merger or consolidation.					
		Name of Entity NAIC Company Code State of Domicile					
6.1	revoked by a	rting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspen ny governmental entity during the reporting period?		Yes []	No	[X]
6.2		ull information		1 20V	1	No	г V 1
7.1	,	eign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?		Yes [J	INO	[\]
7.2	If yes,	7.21 State the percentage of foreign control					
		y of its ager or					
	ſ	1 2					
		Nationality Type of Entity					
	<u></u>						

GENERAL INTERROGATORIES

8.1	8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?							No [)	(]
8.2	If response to 8.1 is yes, please identify the name of the ban	nk holding company.							
8.3 8.4	Is the company affiliated with one or more banks, thrifts or so If response to 8.3 is yes, please provide the names and local financial regulatory services agency [i.e. the Federal Reserv Thrift Supervision (OTS), the Federal Deposit Insurance Could the affiliate's primary federal regulator.	federal he Office of	Yes []	No [>	(]			
	1	2	3	4	5	6		7	
	Location 5 4 5							7	
	Affiliate Name	(City, State)	FRB	OCC	OTS	FDIC		SEC	
9. 10.	What is the name and address of the independent certified pricewaterhouseCoopers LLC, 500 West Main, Suite 1800 What is the name, address and affiliation (officer/employee	0, Louisville, Kentucky 40202-4265							
10.	firm) of the individual providing the statement of actuarial op								
	Frank Murray Amrine, Actuarial Director and Appointed Act	tuary, 500 West Main Street, Louisville, K	Y 40202						
11.1	Does the reporting entity own any securities of a real estate			/?		Yes []	No [)	(]
		11.11 Name of rea	al estate holdir	ng company					
		11.12 Number of p	arcels involve	ed					
		11.13 Total book/a	idjusted carryi	ng value	\$				
11.2	If yes, provide explanation								
12. 12.1	FOR UNITED STATES BRANCHES OF ALIEN REPORTIN What changes have been made during the year in the Unite		stees of the re	eporting entity	?				
12.2	Does this statement contain all business transacted for the r	reporting entity through its United States B	Branch on risks	s wherever loc	ated?	Yes []	No []
12.3	12.3 Have there been any changes made to any of the trust indentures during the year?]
12.4	12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?							NA [X]
13.1	Are the senior officers (principal executive officer, principal performing similar functions) of the reporting entity subject to					Yes [X] 1	No []
	Honest and ethical conduct, including the ethical ha. professional relationships;	nandling of actual or apparent conflicts	of interest b	oetween perso	onal and				
	b. Full, fair, accurate, timely and understandable disclosur	re in the periodic reports required to be file	ed by the repo	rting entity;					
	c. Compliance with applicable governmental laws, rules a	_							
	d. The prompt internal reporting of violations to an approp	priate person or persons identified in the co	ode; and						
10 11	e. Accountability for adherence to the code.								
13.11	If the response to 13.1 is No, please explain:								
13.2	Has the code of ethics for senior managers been amended?					Yes [1	No [)	(1
	If the response to 13.2 is Yes, provide information related to					103 [1	NO [/	,]
10.21	in the response to 10.2 is res, provide information related to	amenament(s).							
13.3	Have any provisions of the code of ethics been waived for a	ny of the specified officers?				Yes [1	No ()	(]
	If the response to 13.3 is Yes, provide the nature of any waiv						1		,
		,							
		BOARD OF DIRECTORS							
14.	Is the purchase or sale of all investments of the reporting thereof?	entity passed upon either by the board	of directors of	or a subordina	ite committee	Yes [X	(]	No []
15.	Does the reporting entity keep a complete permanent rec thereof?	cord of the proceedings of its board of c	directors and	all subordinat	e committees	Yes [X	(]	No []
16.	Has the reporting entity an established procedure for disclorated for any of its officers, directors, trustees or responsit person?	ole employees that is in conflict or is likely	to conflict wi	th the official of	duties of such	Yes [X] [No []

GENERAL INTERROGATORIES

FINANCIAL

17.	g Principles (e.g., Generally Accepted Account			
18.1	Total amount loaned during the year (inclusive of Separate Accounts, e			\$
			18.12 To stockholders not officers	\$
			18.13 Trustees, supreme or grand (Fraternal only)	\$
18.2	Total amount of loans outstanding at end of year (inclusive of Separate	Accounts, exclusive of	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	loans):			\$
			18.22 To stockholders not officers 18.23 Trustees, supreme or grand	
10.1	Ware any appete reported in the atotement subject to a contractual ability	antina to transfer to on	(Fraternal only)	
19.1	Were any assets reported in the statement subject to a contractual obli- being reported in the statement?	gation to transfer to an		Yes [] No [X]
19.2	If yes, state the amount thereof at December 31 of the current year:	19.21 Rer	ited from others	\$
		19.22 Bor	rowed from others	\$
			sed from others	
			er	\$
20.1	Does this statement include payments for assessments as described in guaranty association assessments?	the Annual Statemen	t Instructions other than guaranty fund or	Yes [X] No []
20.2	If answer is yes:		nount paid as losses or risk adjustment	
			ount paid as expenses	
			ner amounts paid	
	Does the reporting entity report any amounts due from the parent, subs			
21.2	If yes, indicate any amounts receivable from parent included in the \ensuremath{Pag}	e 2 amount:		\$119,881
		INVESTMENT		
22 1	Were all the stocks, bonds and other securities owned December 31 of	current vear over whi	ich the reporting entity has exclusive control in	
	the actual possession of the reporting entity on said date? (other than s If no, give full and complete information relating thereto:			
22.2	inno, give full and complete information relating thereto.			
22.3	For security lending programs, provide a description of the program inc collateral is carried on or off-balance sheet. (an alternative is to refe			ner
	See Below			
22.4	Does the company's security lending program meet the requirements for Instructions?	or a conforming progra	m as outlined in the Risk-Based Capital	Yes [X] No [
22 5	If answer to 22.4 is YES, report amount of collateral			
	If answer to 22.4 is NO, report amount of collateral			\$
	Were any of the stocks, bonds or other assets of the reporting entity ow control of the reporting entity or has the reporting entity sold or transferr (Exclude securities subject to Interrogatory 19.1 and 22.3)	ned at December 31 ored any assets subject	of the current year not exclusively under the to a put option contract that is currently in force	
23.2	If yes, state the amount thereof at December 31 of the current year:			
			t to reverse repurchase agreements	
		23.23 Subject	t to dollar repurchase agreements	\$
			t to reverse dollar repurchase agreements	
		23.25 Pledge	d as collateral	\$
		23.26 Placed	under option agreements	\$
		23.27 Letter s	stock or securities restricted as to sale	\$6,017,317
		23.28 On dep	osit with state or other regulatory body	\$6,561,947
		23.29 Other		\$
23.3	For category (23.27) provide the following:			
	1		2	3
	Nature of Restriction		Amount	
			GE CO	
	Securities Lending	TREASURY BILL		6,000,000
				<u>. </u>
24.1	Does the reporting entity have any hedging transactions reported on Sc	hedule DB?		Yes [] No [X
24.2	If yes, has a comprehensive description of the hedging program been in If no, attach a description with this statement.	nade available to the d	lomiciliary state?	Yes [] No [] NA [X
25.1	Were any preferred stocks or bonds owned as of December 31 of the cissuer, convertible into equity?			
05.0	If yes, state the amount thereof at December 31 of the current year			\$

GENERAL INTERROGATORIES

	custodial agreement with a qualified bank or Safekeeping agreements of the NAIC Financ	ial Condition E	Examiners Handbook?				Yes [X] No [
26.01 F	For agreements that comply with the require	nents of the N	AIC Financial Condition	Examiners Handbo	ook, complet	e the following:		
	Nar Nar	ne of Custodia	4	4 New York Plaza,	ustodian's A 15th Floor	, New York, NY.		
	JP Morgan Chase		1	10004-2413 Attn:	Herb Spau	lding		
	For all agreements that do not comply with the location and a complete explanation:	e requirement	s of the NAIC Financial	Condition Examine	rs Handbook	c, provide the name,		
	1 Name(s)		2 Location	(s)	Co	2 omplete Explanation(s)		
26.03 H	Have there been any changes, including nan	ie changes, in	the custodian(s) identifi	ed in 26.01 during t	he current ye	ear?	Yes [] No [X
26.04 11	If yes, give full and complete information rela	ting thereto:		_				
	1		2	Dat	e of	4		
	Old Custodian		New Custodian	Cna	ange	Reason		
	Identify all investment advisors, brokers/deal accounts, handle securities and have author				ave access	to the investment		
	1 Central Registration Depositor	Number(s)	2 Name			2 Address		
						nd Street, New York, NY		
	107105	E	Blackrock, Inc			and otroot, now fork, Ni		
	107105	E	Blackrock, Inc					
E	Does the reporting entity have any diversified Exchange Commission (SEC) in the Investm If yes, complete the following schedule:	mutual funds	reported in Schedule D,	, Part 2 (diversified	10022according to	the Securities and	Yes [] No [X
E	Does the reporting entity have any diversified Exchange Commission (SEC) in the Investm	mutual funds	reported in Schedule D,	, Part 2 (diversified b) (1)])?	10022according to	the Securities and	Yes [] No [X
E	Does the reporting entity have any diversified Exchange Commission (SEC) in the Investm If yes, complete the following schedule:	mutual funds	reported in Schedule D, Act of 1940 [Section 5 (b	, Part 2 (diversified b) (1)])?	10022according to	the Securities and	Yes [] No [X
27.2 II	Does the reporting entity have any diversified Exchange Commission (SEC) in the Investm If yes, complete the following schedule:	mutual funds	reported in Schedule D, Act of 1940 [Section 5 (b	, Part 2 (diversified b) (1)])?	10022according to	the Securities and	Yes [] No [X
27.2 II	Does the reporting entity have any diversified Exchange Commission (SEC) in the Investm If yes, complete the following schedule: 1 CUSIP#	mutual funds ent Company	reported in Schedule D, Act of 1940 [Section 5 (t 2 Name of Mu	, Part 2 (diversified b) (1)])?	10022according to	the Securities and	Yes [] No [X
27.2 II	Does the reporting entity have any diversified Exchange Commission (SEC) in the Investm If yes, complete the following schedule: 1 CUSIP #	mutual funds ent Company	reported in Schedule D, Act of 1940 [Section 5 (to 1940 Section 5 (to	, Part 2 (diversified b) (1)])?tual Fund	according to	the Securities and 3 Book/Adjusted Ca	Yes [] No [X
27.2 II	Does the reporting entity have any diversified Exchange Commission (SEC) in the Investm If yes, complete the following schedule: 1 CUSIP #	mutual funds ent Company e, complete th	reported in Schedule D, Act of 1940 [Section 5 (t	tual Fund	according to according to according to	the Securities and 3 Book/Adjusted Ca	Yes [] No [X
27.2 II	Does the reporting entity have any diversified Exchange Commission (SEC) in the Investm If yes, complete the following schedule: 1 CUSIP # 9 TOTAL For each mutual fund listed in the table abov	mutual funds ent Company e, complete th	reported in Schedule D, Act of 1940 [Section 5 (to 1940 Section 5 (to	, Part 2 (diversified b) (1)])?tual Fund Amount of N	according to according to according to	the Securities and 3 Book/Adjusted Ca	Yes [] No [.

GENERAL INTERROGATORIES

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-) or Fair Value over Statement (+)
28.1	Bonds		87 ,903 ,153	(537,969)
28.2	Preferred stocks		349 , 160	0
28.3	Totals	88,790,282	88,252,313	(537,969)

	28.3	Totals	88,790,282	88,252,3	313 (537	,969)
28.4	Describe the sources or	methods utilized in determin	ning the fair values:			
			es are based on quoted market prionilar securities or based on observation			
29.1	Have all the filing require	ements of the Purposes and	Procedures Manual of the NAIC Se	curities Valuation Office been	followed?	. Yes [X] No []
29.2	If no, list exceptions:					
			OTHER			
30.1	Amount of payments to	trade associations, service o	organizations and statistical or rating	bureaus, if any?	\$	117 ,295
30.2			id if any such payment represented rating bureaus during the period cov		ents to trade	
			. 1		2	
			Name		Amount Paid	
	-					
	L			L		
31.1	Amount of payments for	legal expenses, if any?				72,609
31.2			such payment represented 25% or r	more of the total payments for I	legal expenses during	
	the period covered by th	is statement.				
	Γ		1		2	
	_		Name		Amount Paid	
	L					
32.1	Amount of payments for	expenditures in connection	with matters before legislative bodie	es, officers or departments of q	overnment, if any?\$.
	List the name of the firm	and the amount paid if any	such payment represented 25% or r	nore of the total payment expe	nditures in connection	
	with matters before legis	slative bodies, officers or dep	partments of government during the	period covered by this stateme	ent.	
	Г		1		2	
	_		Name .		Amount Paid	
	L					

GENERAL INTERROGATORIES

PART 2 - LIFE INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supple						Yes [-	_	-
1.2	If yes, indicate premium earned on U. S. business only $_{\dots}$									
1.3	What portion of Item (1.2) is not reported on the Medicare									
	1.31 Reason for excluding									
1.4	Indicate amount of earned premium attributable to Canad									
1.5	Indicate total incurred claims on all Medicare Supplement	insurance.				\$				0
1.6	Individual policies:									
			Most curre	ent three years:						
				premium earned						
			1.62 Total	incurred claims		\$				0
			1.63 Num	ber of covered lives						0
	All years prior to most current three years:									
	1.64 Total premium earned									
			1.65 Total	incurred claims		\$				0
			1.66 Num	ber of covered lives						0
1.7	Group policies:									
			Most curre	ent three years:						
				premium earned						
			1.72 Total	incurred claims		\$				0
			1.73 Num	ber of covered lives						0
			All years p	orior to most current three	e years:					
			1.74 Total	premium earned		\$				0
			1.75 Total	incurred claims		\$				0
			1.76 Num	ber of covered lives						0
2.	Health Test:									
				1 Current Year	2 Prior `					
	2.1	Premium Numerator	\$	296 , 427 , 719	\$30	1.725.155	;			
	2.2	Premium Denominator	•	296,427,719	\$30					
	2.3	Premium Ratio (2.1/2.2)		1.000						
	2.4	Reserve Numerator		15,884,038	\$13					
	2.5	Reserve Denominator	•	15,881,643	\$13					
	2.6	Reserve Ratio (2.4/2.5)	•	1.000						
		.,								
3.1	Does this reporting entity have Separate Accounts?						Yes [1	No [X]
	If yes, has a Separate Accounts statement been filed with							-		
	What portion of capital and surplus funds of the reportin	g entity covered by asset	s in the Se	eparate Accounts statem	nent, is not currently					
	distributable from the Separate Accounts to the general	al account for use by the g	general acc	ount?		\$				
3.4	State the authority under which Separate Accounts are ma	aintained:								
3.5	Was any of the reporting entity's Separate Accounts busing	ness reinsured as of Dece	mber 31? .				Yes []	No []
3.6	Has the reporting entity assumed by reinsurance any Sep	arate Accounts business a	as of Dece	mber 31?			Yes []	No []
3.7	If the reporting entity has assumed Separate Accounts to Separate Accounts reserve expense allowances is in due or accrued (net)?	cluded as a negative amo	ount in the	liability for "Transfers to	Separate Accounts					
4.1	Are personnel or facilities of this reporting entity used by a by this reporting entity (except for activities such as studies)?	another entity or entities o administration of jointly u	r are personderwritten	onnel or facilities of anoth group contracts and jo	ner entity or entities u	used pidity	Yes [
12	Net reimbursement of such expenses between reporting e						103 [ν]	NO [1
4.2	wet reimbursement of such expenses between reporting to	endues.		4.21 Paid:	•	r		22	385 (055
				4.21 Paid:4.22 Received:						
5 1	Does the reporting entity write any averanteed interest as	ntracte?								
5.1	Does the reporting entity write any guaranteed interest con									-
5.2	If yes, what amount pertaining to these items is included in	11.	o.∠1 Page	e 3, Line 1 e 4, Line 1		\$				
•	For stock reporting and the same		5.22 Page	9 4, LINE 1		\$				
6.	For stock reporting entities only:	oo organisskiss (f.)	autiu = 1"			¢.		1 5	000 (በበባ
6.1	Total amount paid in by stockholders as surplus funds sin		orung entit	y: 7.11 Cash:		\$				
7.	Total dividends paid stockholders since organization of the	e reporting entity:		7.11 Casn:						
				1.12 SLUCK		Φ				

GENERAL INTERROGATORIES

8.1	Does the co	mpany reinsure any Workers' Compensation	Carve-Out business defined as:			res [] NO [X]
		Reinsurance (including retrocessional rebenefits of the occupational illness and written as workers' compensation insura	accident exposures, but not the emp	alth insurers of medica lloyers liability exposure	l, wage loss and death s, of business originally		
8.2	If yes, has the	ne reporting entity completed the Workers Co	ompensation Carve-Out Supplement to	the Annual Statement?		Yes [] No []
8.3	If 8.1 is yes,	the amounts of earned premiums and claims	s incurred in this statement are:				
			1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained		
	8.31	Earned premium					
	8.32	Paid claims					
	8.33	Claim liability and reserve (beginning of ye	ear)				
	8.34	Claim liability and reserve (end of year)					
	8.35	Incurred Claims					
		Attachment Point	1 Earned Premium	2 Claim Lia And Res			
	8.41	<\$25,000					
	8.42	\$25,000 - 99,999					
	8.43	\$100,000 – 249,999					
	8.44	\$250,000 - 999,999					
	8.45	\$1,000,000 or more					
8.5	What portion	n of earned premium reported in 8.31, Colum	n 1 was assumed from pools?			S	
9.1		mpany have variable annuities with guarante	•			Yes [] No [X]
9.2	If 9.1 is yes,	complete the following table for each type of	guaranteed benefit.				

Ту	ре	3	4	5	6	7	8	9
1 Guaranteed	2 Guaranteed	Waiting Period	Account Value	Total Related	Gross Amount	Location of	Portion	Reinsurance
Death Benefits	Living Benefits	Remaining	Related to Col.3	Account Values	of Reserve	Reserve	Reinsured	Reserved Credit

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6. Show amounts of life insurance in this exhibit in thousands (OMIT \$000)

	Show amou	unts of life insurance	in this exhibit in thou	sands (OMIT \$000) I ಇ	4	5
		2008	2007	2006	2005	2004
L	ife Insurance in Force					
(1	Exhibit of Life Insurance)					
1. C	Ordinary - whole life and endowment (Line 34, Col.	E60 242	601,488	646 , 146	690,253	722 500
	Drdinary - term (Line 21, Col. 4, less Line 34, Col. 4)		001,400	040 , 140	090,200	
2. (Juliary - term (Line 21, Col. 4, less Line 34, Col. 4)	190,898	210,299	228,391	252,599	277 , 102
3. C	Credit life (Line 21, Col. 6)	0	0	0	0	0
4. 0	Group, excluding FEGLI/SGLI (Line 21, Col. 9 less	0	0	0	0	0
	ines 43 & 44, Col. 4)		0		0	o
	FEGLI/SGLI (Lines 43 & 44, Col. 4)	0	0	0	0	0
	otal (Line 21, Col. 10)	760.241	811.787	874.537	942,852	1.010.700
	New Business Issued	,	, .	, , ,	,	, , , , , ,
(1	Exhibit of Life Insurance)					
8. C	Ordinary - whole life and endowment (Line 34, Col.	0	0	0	0	0
				U	U	J
	Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2)		0	 n		o
	Group (Line 2, Col. 9)		0	0	0	0
	ndustrial (Line 2, Col. 2)		0	0	0	0
	otal (Line 2, Col. 10)		0	0	0	0
	Premium Income - Lines of Business					1
•	Exhibit 1 – Part 1)					
	ndustrial life (Line 20.4, Col. 2)		0	0	0	0
	Ordinary life insurance (Line 20.4, Col. 3)		0	0	0	0
15.20	Ordinary individual annuities (Line 20.4, Col. 4)	0	0	0	0	0
	Credit life, (group and individual) (Line 20.4, Col. 5) Group life insurance (Line 20.4, Col. 6)			U	0	
	Group annuities (Line 20.4, Col. 7)			n	0	0
18.1 A	A & H-group (Line 20.4, Col. 8)	280,983,073	291,931,393	1,637,248	1,410,677	0
18.2 A	A & H-credit (group and individual) (Line 20.4, Col.				, ,	
))				0	0
	A & H-other (Line 20.4, Col. 10)	15,444,646	9,793,762	2/5,536,812	248,335,881	204,974,465
19. A	Aggregate of all other lines of business (Line 19.4,Col. 11)	0	0	0	0	0
20. T	otal	296,427,719	301,725,154	277 , 174 , 060	249,746,558	204,974,465
<u> </u>	Balance Sheet					
•	Pages 2 and 3)					
	otal admitted assets excluding Separate Accounts business (Page 2, Line 24, Col. 3)	93 909 031	96,610,859	90 , 382 , 454	92,227,902	77,088,949
22 T	otal liabilities excluding Separate Accounts					
b	ousiness (Page 3, Line 26)			26,482,664	29,836,376	
	Aggregate life reserves (Page 3, Line 1)					0
24. A	Aggregate A & H reserves (Page 3, Line 2)	225,099	166,799	150,695	44,233	0
	Deposit-type contract funds (Page 3, Line 3)		0 210,390	0 154,247	0 87,832	
20. A	Capital (Page 3, Lines 29 & 30)	2 600 000	2,600,000	2,600,000	2,600,000	2,600,000
	Surplus (Page 3, Line 37)		63,030,112	61,299,790	59,791,526	54,775,482
	Cash Flow (Page 5)		, ,	, ,	, ,	, ,
_	Net cash from operations (Line 11)	25 , 552 , 296	27 , 189 , 912	18,632,701	25,454,145	21,381,706
_	Risk-Based Capital Analysis					
	otal adjusted capital		65,840,502		62,479,358	57 , 420 , 436
	Authorized control level risk - based capital	7 ,780 ,340	8,710,340	8,287,199	7,812,631	1,507,914
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
_	Page 2, Col. 3) (Line No. / Page 2, Line 10, Col. 3)					
	100.0	24.0	00.4		70.0	
	Bonds (Line 1)		82.1	94.4	70.2	
33. S	Stocks (Lines 2.1 and 2.2)	ر ک ا ۱ م	0.0	0.0	0.0	0.0
35 F	Real estate (Lines 4.1, 4.2 and 4.3)	n n	0.0	0.0	0.0	0.0
36. C	Cash, cash equivalents and short - term investments					
(1	Line 5)	15.1	17 . 1	4.7	28.9	31.3
37. C	Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
38. C	Other invested assets (Line 7)	0.0	0.0	0.0	0.0	0.0
	Receivables for securities (Line 8)	0.0	0.0	0.0	0.0	0.0
	Aggregate write-ins for invested assets (Line 9)	0.0	0.0	0.0	0.0	0.0
	0)	100.0	100.0	100.0	100.0	100.0

FIVE-YEAR HISTORICAL DATA

			ontinued)	1 -	1	
		1 2008	2 2007	3 2006	4 2005	5 2004
	Investments in Parent, Subsidiaries and Affiliates					
42.	Affiliated bonds (Sch. D Summary, Line 25, Col. 1)	0	0	0	0	0
	Affiliated preferred stocks (Sch. D Summary, Line 39, Col. 1)		0		0	0
44.	Affiliated common stocks (Sch. D Summary, Line 53, Col. 1)					0
45.	Affiliated short-term investments (subtotal included in Schedule DA, Verification, Col. 5, Line 10)	0	0			0
	Affiliated mortgage loans on real estate		0	0	0	0
47.	All other affiliated		0	0	0	0
48.	Total of above Lines 42 to 47	0	0	0	0	0
	Total Nonadmitted and Admitted Assets					
49.	Total nonadmitted assets (Page 2, Line 26, Col. 2)	2,974,371	2,093,034	1,926,674	2,261,630	1,876,122
50.	Total admitted assets (Page 2, Line 26, Col. 3)	93,909,031	96,610,859	90,382,454	92,227,902	77,088,949
	Net investment income (Exhibit of Net Investment Income)	3,960,341	3,957,026	3,703,429	2,610,265	1,460,591
	Realized capital gains (losses)				0	0
53.	Unrealized capital gains (losses)		0		0	0
54.	Total of above Lines 51, 52 and 53	3,960,341	3,957,026	3,703,429	2,610,265	1,460,591
55.	Benefits and Reserve Increase (Page 6) Total contract benefits - life (Lines 10, 11, 12, 13, 14 and 15, Col.1 minus Lines 10, 11, 12, 13, 14, and 15, Cols. 9, 10 and 11)	0	0	0	0	0
56.	Total contract benefits - A & H (Lines 13 & 14, Cols. 9, 10 & 11)					
57.	Increase in life reserves - other than group and annuities (Line 19, Cols. 2 & 3)					
58.	Increase in A & H reserves (Line 19, Cols. 9, 10 & 11)					
59.	Dividends to policyholders (Line 30, Col. 1)		0	0	0	0
	Operating Percentages					
60.	Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6)/ (Page 6, Col.1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00	18.5	19.2	17.9	16.8	17.2
61.	Lapse percent (ordinary only). [(Exhibit of Life Insurance, Column 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Column 4, Lines 1 & 21)] x 100.00	5.4	6.2	6.3	5.8	5.2
62.	A & H loss percent (Schedule H, Part 1, Lines 5 & 6	67.3	68.7	69.4	69.8	68.5
63.	A & H cost containment percent (Schedule H. Part 1	0.2				0.7
64.	A & H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2)	21.2	21.7			19.4
	A & H Claim Reserve Adequacy					1
65.	Incurred losses on prior years' claims - group health	12.101.324	14 220 100	110 170	0	0
66	(Schedule H, Part 3, Line 3.1 Col. 2)	12, 101,324	14,338,198	113,478	0	I
	(Sch. H, Part 3, Line 3.2 Col. 2)	12,852,090	463,670	882,708	0	0
0/.	than group (Sch. H. Part 3, Line 3,1 Col. 1 less	169,488	179,037	16,824,486	14,061,615	9,844,887
68.	Prior years' claim liability and reserve-health other than group (Sch. H, Part 3, Line 3.2 Col. 1 less Col. 2)		14 , 474 , 089			
	Net Gains From Operations After Federal Income		14,474,009	10,241,313	14,302,004	10,000,090
60	Taxes by Lines of Business (Page 6, Line 33) Industrial life (Col. 2)	٥	0	0	0	0
70	Ordinary - life (Col. 3)	 ∩ I	0	0	0	0
	Ordinary - individual annuities (Col. 4)		0	0	0	0
	Ordinary-supplementary contracts (Col. 5)		0			0
73.	Credit life (Col. 6)	0	0	0	0	0
74.	Group life (Col. 7)	0	0	0	0	0
75.	Group annuities (Col. 8)	0	0	0	0	0
76.	A & H-group (Col. 9)	21 , 230 , 497	20 , 435 , 275	26,251	(885,855)	0
	A & H-credit (Col. 10)		0	0	0	0
	A & H-other (Col. 11)		2,066,430	21,229,920	21,223,327	17,719,437
	Aggregate of all other lines of business (Col. 12)		0 504 706	04 050 474	00 007 470	47.740.407
80.	Total (Col. 1)	23,738,304	22,501,706	21,256,171	20,337,472	17,719,437

EXHIBIT OF LIFE INSURANCE

	74									
	5	Industrial	Ordinary	nary	Credit Life (Group	p and Individual)		Group		10
	1	2	3	4	2	9	Number of	er of	6	
		Amount of Insurance		Amount of Insurance	Number of Individual Policies and Group	Amount of Insurance	7	∞	Amount of Insurance	Total Amount of Insurance
	Number of Policies	(a)	Number of Policies	(a)	Certificates	(a)	Policies	Certificates	(a)	(a)
1. In force end of prior year	0	0	29,339	811,787	0	0	0	0	0	811,787
2. Issued during year		0	0	0	0	0	0	0	0	0
3. Reinsurance assumed			0	0	0	0	0	0	0	0
4. Revived during year			19	868						868
5. Increased during year (net)			13	2,318						2,318
6. Subtotals, Lines 2 to 5	0	0	32	3,215	0	0	0	0	0	3,215
7. Additions by dividends during year	XXX		XXX	172	XXX		XXX	XXX		172
8. Aggregate write-ins for increases		0	0	0	0	0	0	0		0
9. Totals (Lines 1 and 6 to 8)		0	29,371	815, 175	0	0	0	0		815, 175
Deductions during year:										-
10. Death			333	6,022			XXX			6,022
11. Maturity			108	183			XXX			183
12. Disability			0	0			XXX			0
13. Expiry			281	1,837						1,837
14. Surrender			834	27,538						27 . 538
15. Lapse			158	14,543						14,543
16. Conversion			48	3,017			XXX	XXX	XXX	3,017
17. Decreased (net)			(36)	1,793						1,793
18. Reinsurance			0	0						0
19. Aggregate write-ins for decreases	0	0	0	0	0	0	0	0	0	0
20. Totals (Lines 10 to 19)			1,726	54,933	0	O	0	0		54,933
21. In force end of year, (Line 9 minus Line 20)		0	27,645	760,241	0	0	0	0	0	760,241
22. Reinsurance ceded end of year			XXX	760,241	XXX		XXX	XXX		760,241
23. Line 21 minus Line 22	XXX	0	XXX	0	XXX	0 (a)	XXX	XXX	0	0
DETAILS OF WRITE-INS										
0801.										
U8UZ. 0803										
0898. Summary of remaining write-ins for Line 8 from overflow		((c	(•	·			(
page	0	0	0	0	0	Э	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
1903.										
	>	0	0	0	0	C	O	0	0	0
1999. Totals (Lines 1901 through 1903 plus 1998) (Line 19	, (,	, (
above)	0	0	0	0	0	0	0	0	0	0

⁽a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000) (b) Group \$; Individual \$

²⁵

EXHIBIT OF LIFE INSURANCE (Continued)

ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	ADDITIONAL INFORMATION OF	I INSURANCE IN FOR	CE END OF TEAK		
		Indu	strial	Ordi	nary
		1	2	3	4
			Amount of Insurance		Amount of Insurance
		Number of Policies	(a)	Number of Policies	(a)
2	4. Additions by dividends	XXX		XXX	3,112
2	5. Other paid-up insurance			4,937	10,655
2	6. Debit ordinary insurance	XXX	XXX	0	0

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

	Issued Du (Included	uring Year in Line 2)	In Force E (Included i	
	1 `	2	3	4
		Amount of Insurance		Amount of Insurance
Term Insurance Excluding Extended Term Insurance	Number of Policies	(a)	Number of Policies	(a)
27. Term policies - decreasing			411	3,662
28. Term policies - other			1,039	59,911
29. Other term insurance - decreasing	XXX		XXX	26,126
	XXX		XXX	91,930
31. Totals (Lines 27 to 30)	0	0	1,450	181,629
Reconciliation to Lines 2 and 21:				
32. Term additions	XXX		XXX	3,107
33. Totals, extended term insurance	XXX	XXX	960	6,162
34. Totals, whole life and endowment			25,235	569,343
35. Total (Lines 31 to 34)	0	0	27,645	760,241

CLASSIFICATION OF AMOUNT OF INSURANCE (a) BY PARTICIPATING STATUS

CEASSI ISATISM SI AMISSIM SI	1100101110E (a) B 1 1 71	ICTION ACTION OFFICE	·	
	Issued Du (Included	ring Year in Line 2)	In Force E (Included i	
	1	2	3	4
	Non-Participating	Participating	Non-Participating	Participating
36. Industrial				
37. Ordinary			756,199	4,041
38. Credit Life (Group and Individual)				
39. Group				
40. Totals (Lines 36 to 39)	0	0	756,199	4,041

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

ADDITIONAL INFORMATION ON	CKEDIT LIFE AND GR	OUF INSURANCE		
	Credi	t Life	Gro	oup
	1 um tof div tol	2	3	4
RI/	oli è ar Gi	Amount of Insurance		Amount of Insurance
	ert tes	(a)	Number of Certificates	(a)
41. Amount of insurance included in Line 2 ceded to other companies	λ		XXX	
Number in force end of year if the number under shared groups is counted on a pro-rata basis		XXX		XXX
43. Federal Employees' Group Life Insurance included in Line 21				
44. Servicemen's Group Life Insurance included in Line 21				
45 Group Permanent Insurance included in Line 21				

ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies (a)	22,981
---	--------

BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance conta wife and children under Family, Parent and Children, etcpolicie	ained in Family Income, Mortgage Protection, etc., policies and riders and of (47.2) term insurance on
47.1	
47.2	

POLICIES WITH DISABILITY PROVISIONS

				DIOMBIETT THO THOSE									
		Industrial		Ordinary		Credit		Group					
	1	2	3	4	5	6	7	8					
Disability Provision	Number of Policies	Amount of Insurance (a)	Number of Policies	Amount of Insurance (a)	Number of Policies	Amount of Insurance (a)	Number of Certificates						
48. Waiver of Premium		\ /	9.329	20.608				` '					
49. Disability Income			244	2,253									
50. Extended Benefits			XXX	XXX									
51. Other			0	0									
52. Total	0	(p)	9,573	(b) 22,861	0	(p)	0	(b) (

⁽a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000)

⁽b) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES

SUPPLEMENTARY	CONTRACTS
---------------	-----------

		Ordinary		Group	
		1	2	3	4
		Involving Life	Not Involving Life	Involving Life	Not Involving Life
		Contingencies	Contingencies	Contingencies	Contingencies
1. In for	ce end of prior year	92	470	0	0
Issue	ed during year	4	8		
3. Reins	surance assumed				
4. Increa	ased during year (net)				
	ls (Lines 1 to 4)		478	0	0
Dedu	uctions during year:				
6. Decre	eased (net)	0	23		
7. Reins	surance ceded				
8. Totals	s (Lines 6 and 7)	0	23	0	0
9. In for	ce end of year	96	455	0	0
	unt on deposit		(a)		(a)
11. Incom	ne now payable	274,441	680,823		
	unt of income payable	(a)	(a)	(a)	(a)

ANNUITIES

ANNUITES					
		Ordinary		Group	
		1 2		3	4
		nmediate	Deferred	Contracts	Certificates
In force end of prior year Issued during year Reinsurance assumed		178	3,258	0	0
2. Issued during year					
Reinsurance assumed					
Increased during year (net)					
5. Totals (Lines 1 to 4)		178	3,258	0	0
Deductions during year:					
6. Decreased (net)		12	206		
7. Reinsurance ceded					
8. Totals (Lines 6 and 7)		12	206	0	0
9. In force end of year		166	3,052	0	0
Income now payable:					
10. Amount of income payable	(a)	449,789	XXX	XXX	(a)
Deferred fully paid:					
11. Account balance		XXX	(a) 100,476,205	XXX	(a)
Deferred not fully paid:					
12. Account balance		XXX	(a)	XXX	(a)

ACCIDENT AND HEALTH INSURANCE

	Group		Credit		Other	
	1	2	3	4	5	6
	Certificates	Premiums in Force	Policies	Premiums in Force	Policies	Premiums in Force
In force end of prior year	1	49,041	0	0	199	49,041
Issued during year						
Reinsurance assumed						
4. Increased during year (net)		XXX		XXX		XXX
5. Totals (Lines 1 to 4)	1	XXX	0	XXX	199	XXX
Deductions during year:						
6. Conversions		XXX	XXX	XXX	XXX	XXX
7. Decreased (net)	1	XXX		XXX	19	XXX
Reinsurance ceded		XXX		XXX		XXX
9. Total (Lines 6 to 8)	1	XXX	0	XXX	19	XXX
In force end of year	0	(a)	0	(a)	180	(a) 45,112

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

DEI COIT I CINDO AIND DIVIDEND ACCI	SMOLATIONS	
	1	2 Dividend
	Deposit Funds	Accumulations
	Contracts	Contracts
1. In force end of prior year	0	0
2 Issued during year		
Reinsurance assumed		
Increased during year (net)		
5. Totals (Lines 1 to 4)		0
Deductions during year:		
6. Decreased (net)		
7. Reinsurance ceded		
8. Totals (Lines 6 and 7)		0
9. In force end of year		0
10. Amount of account balance	(a)	(a)

⁽a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SCHEDULE T—PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories Direct Business Only Life Contracts Accident and Health nsurance Premiums Including Policy, Membership and Total Active Life Insurance Annuity Other Columns Deposit-Type States, Etc Statu Premiums Other Fees 2 Through 5 724.968 .48.880 Alabama AL.30.387 .804.235 Alaska ΑK .2,401 1,163,744 1,166,185 3. Arizona ΑZ 37.998 9.531 .10,247,662 0 .10,295,191 .26,584 .17,982 .333,335 .377,901 Arkansas AR 5. California 273.286 .89,799 40.882.834 41 245 919 Colorado CO .26,609 .17,158 ..15 , 145 , 554 .15,189,321 10,960 .17,862 Connecticut СТ 8. Delaware DF 12 679 6 477 9 961 n 29 117 12,512 .86,382 .826.629 .925 .523 District of Columbia DC .466 , 122 10. .107 , 183 .17 , 385 , 206 17,958,511 11. Georgia GΑ .134.833 .39.266 .12.770.837 .0 12.944.936 12 н ...2,698 65,669 Hawaii 13. Idaho ΙD 2.661 1 210 452 201 456 072 n .30,009,153 .266,209 .159,603 .30,434,965 Illinois IL .0 .7,404,714 15. 260,373 .35,831 ..7,108,510 16. Iowa IΑ .21,188 11.010 130.522 0 162.720 17 . 13 , 358 .3,287,157 .3,305,459 KS Kansas Kentucky 18. ΚY .55,881 23 972 4 325 n 84 178 19. .7, 177, 633 Louisiana LA .30,376 .5,017 .7,142,240 20. .2,885 .2,250 405 21. Maryland MD 834 184 462 916 3 153 244 0 4 450 344 227,909 Massachusetts MA .63,604 .195,213 .486,726 Michigan 23. М 436 571 .121.359 13 677 992 n 14 235 922 .124 . 087 .3.090.445 Minnesota MN .5.819 ..0 .3.220.351 .0 25 .2,358,265 Mississippi .2,389,178 26. Missouri MO 27.679 .33,548 .7,036,930 0 .7.098.157 27 .4,805 .880 .51 .5,736 Montana MT ..0 28. NE 16,907 5.656 358 487 381.050 Nebraska 29. 17.101 Nevada NV 2.011 5.448.897 0 5.468.009 30 New Hampshire 28,305 .36,871 New Jersey 31. NJ 394.813 155.402 1.958 0 552,173 .863,715 32. ..4,504 .1,014 858, 197 New Mexico NM New York 33. NY 25 612 9 454 ..1,828 n .36 . 894 0 4,027,384 North Carolina NC 189,929 .32,944 .0 .4,250,257 .0 35. North Dakota ND .439 .958,688 .959,127 36. Ohio ОН 970 708 305 457 16 622 211 n 17 898 376 ..4,345 .2.093 .2,269,674 Oklahoma .2,276,112 OK ..0 .9,932 38. .8,554 .517 Oregon . .861 39. .2.192.136 Pennsylvania PA .370.863 241.561 0 2.804.560 40 RI .7,686 .2,990 .10,676 Rhode Island 41. South Carolina SC 49 793 19,376 418 417 n 487 586 .247,519 254,069 South Dakota SD .6,255 .295 43. 63,247 .25,385 5,476,162 5,564,794 Texas TX 111.693 99.874 48.554.568 0 48.766.135 45 Utah UT .16 . 195 .4,225 .3,683,866 .3,704,286 46. Vermont \/T 2 03/ 1.232 186 Λ .3.452 7,161,476 .7,349,350 Virginia . VA .134,840 .53,034 .0 48. Washington 10,252 .2,258 .1,962 .14,472 49. West Virginia W۷ 14 554 3 251 679 432 n 697 237 50 .820 , 115 .17,865,417 18,868,734 Wisconsin WI .183,202 51. WY 4.312 195 .98.163 102.670 0 Wyoming 0 American Samoa AS N ...0 ...0 ..0 .0 53 Guam Puerto Rico PR Ν 184 0 0 0 184 US Virgin Islands VI ...0 ...0 56. Northern Mariana Islands MP n 0 0 n 416 671 Canada CN N 255 0 0 0 Aggregate Other Alien 58 .5,775 6,073 59. Subtotal 6,734,867 2.507.710 294.065.651 0 .303,308,228 0 Reporting entity contributions for employee benefits plans 90. ..0 ..0 Dividends or refunds applied to purchase paid-up 91. 0 XXX 116.742 0 (116.742 92. XXX .0 0 359 .107.752 XXX. .107.393 n disability or other contract provisions Aggregate of other amounts not allocable by State XXX 95. Totals (Direct Business) XXX 6.959.002 2.507.710 294.066.010 (303.532.722 0 Plus Reinsurance Assumed XXX. 97. Totals (All Business) XXX 6 959 002 2 507 710 294.066.010 .0 303.532.722 0 .2,507,710 Less Reinsurance Ceded .XXX. .6,959,002 .46,263 ..9,512,975 99. Totals (All Business) less Reinsurance Ceded 294.019.747 294,019,747 0 **DETAILS OF WRITE-INS** 5801 .5.775 298 .0 . (6.073 .0 MISCELLANEOUS 5802 XXX XXX. 5898. Summary of remaining write-ins for Line 58 from XXX0 ۵. (.0 .0 5899 ХХХ 5,775 6,073 58 above) 9401 XXX. 9402 XXX. 9403 XXX 9498. Summary of remaining write-ins for Line 94 from XXX 0 0 0 0

Explanation of basis of allocation by states, etc., of premiums and annuity considerations

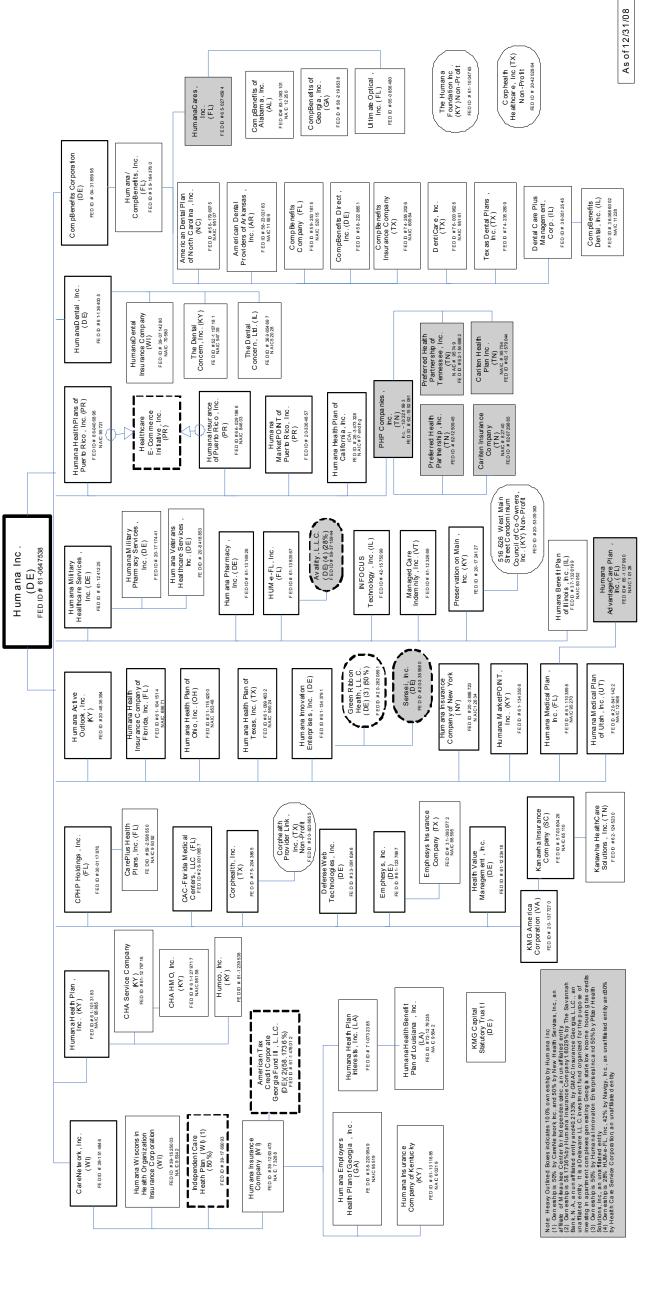
Group premiums are allocated based upon the location where the group business is sold. Premiums sold on an individual basis are reported based upon the state of residence

(a) Insert the number of L responses except for Canada and Other Alien.

⁽a) Insert the number of L responses except for Canada and Other Alien.
(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4, and 16.4, Cols. 8, 9 and 10, or with Schedule H, Part 1, Line 1, indicate which:

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



ALPHABETICAL INDEX (http://www.naic.org/committees_e_app_blanks.htm)

ANNUAL STATEMENT BLANK

Analysis of Increase in Reserves During The Year	7
Analysis of Operations By Lines of Business	6
Asset Valuation Reserve Default Component	30
Asset Valuation Reserve Equity	32
Asset Valuation Reserve Replications (Synthetic) Assets	35
Asset Valuation Reserve	29
Assets	2
Cash Flow	5
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts	9
Exhibit 1 – Part 2 – Dividends and Coupons Applied, Reinsurance Commissions and Expense	10
Exhibit 2 – General Expenses	11
Exhibit 3 – Taxes, Licenses and Fees (Excluding Federal Income Taxes)	11
Exhibit 4 – Dividends or Refunds	11
Exhibit 5 – Aggregate Reserve for Life Contracts	12
Exhibit 5 – Interrogatories	13
Exhibit 5A – Changes in Bases of Valuation During The Year	13
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts	14
Exhibit 7 – Deposit-Type Contracts	15
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 1	16
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 2	17
Exhibit of Capital Gains (Losses)	8
Exhibit of Life Insurance	25
Exhibit of Net Investment Income	8
Exhibit of Nonadmitted Assets	18
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	27
Five-Year Historical Data	22
Form for Calculating the Interest Maintenance Reserve (IMR)	28
General Interrogatories	20
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Life Insurance (State Page)	24
Notes To Financial Statements	19
Overflow Page For Write-ins	53
Schedule A – Part 1	E01
Schedule A – Part 2	E02

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI11
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E18
Schedule DB – Part A – Section 3	E19
Schedule DB – Part A – Verification Between Years	SI12
Schedule DB – Part B – Section 1	E19
Schedule DB – Part B – Section 2	E20
Schedule DB – Part B – Section 3	E20
Schedule DB – Part B – Verification Between Years	SI12
Schedule DB – Part C – Section 1	E21
Schedule DB – Part C – Section 2	E21
Schedule DB – Part C – Section 3	E22
Schedule DB – Part C – Verification Between Years	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Part D – Section 3	E23

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule DB – Part D – Verification Between Years	SI13
Schedule DB – Part E – Section 1	E24
Schedule DB – Part E – Verification Between Years	SI13
Schedule DB – Part F – Section 1	SI14
Schedule DB – Part F – Section 2	SI15
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule E – Verification Between Years	SI16
Schedule F	36
Schedule H – Accident and Health Exhibit – Part 1	37
Schedule H – Part 5 – Health Claims	39
Schedule H – Parts – 2, 3, and 4	38
Schedule S – Part 1 – Section 1	40
Schedule S – Part 1 – Section 2	41
Schedule S – Part 2	42
Schedule S – Part 3 – Section 1	43
Schedule S – Part 3 – Section 2	44
Schedule S – Part 4	45
Schedule S – Part 5	46
Schedule S – Part 6	47
Schedule T – Part 2 Interstate Compact	49
Schedule T – Premiums and Annuity Considerations	48
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	50
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	51
Summary Investment Schedule	SI011
Summary of Operations	4
Supplemental Exhibits and Schedules Interrogatories	52